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Engagement with Structural Social Work: Issues and Dilemmas in Dialectical Praxis

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### **Abstract**

This paper explores a Master of Social Work (MSW) student's experiences in engagement with structural social work during an advanced practicum with a perinatal mental health project in Northeastern Ontario. The goals of the advanced practicum were to: (a) improve reflexive practice, (b) improve understanding of structural social work, specific to social justice, and (c) improve understanding of the role of structural social workers within inter-organizational collaborations. Deconstruction of the engagement with each of the goals and the challenges in facilitation of the objectives are reviewed. Though there are issues and dilemmas facing those who wish to engage in structural social work, this advanced practicum experience was successful in improving the student's engagement with structural social work praxis.

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**Engagement with Structural Social Work: Issues and Dilemmas in Dialectical Praxis**

The social construction of the discourse of motherhood and its impact on the experience of mothering has long been an interest of mine and became the primary focus of my academic and practice interest as a social worker. However, my support for this feminist social constructivist paradigm was recently shaken and the potential insufficiencies within this model were unveiled. The following paragraph is the final paragraph of the literature review/critical analysis paper I submitted completing the course requirements for my Master of Social Work (MSW) program at Laurentian University:

The deconstruction of the discourse of motherhood and the impact of the discourse on women's experiences as mothers has been the focus of an abundant number of postmodern academic feminist researchers within a variety of disciplines, and to a lesser extent the discipline of social work (Abrams & Curran, 2007). However, the prolific research, analysis and commentary on the socially constructed discourse of motherhood has not resulted in lessened expectations of women who mother (Choi, Henshaw, Baker, & Tree, 2005; Murray & Finn, 2011), a grand public unveiling of the intents of the intensive mothering paradigm, nor a decrease in the negative impact of the discourse on women's experiences as mothers. Feminist authors, Gray and Boddy (2010) may attribute this disappointment to enact significant change for mothers as a result of neo-liberal social policies and third-wave feminism. They argue that third-wave feminism "that uses the language of individual freedom and choice to deflect attention from broader structural injustices and original feminist arguments about the need for redistribution and restructuring in the interests of social justice" (Gray & Boddy, 2010, p. 383) as possibly undermining women due to its link to consumer culture and lack of social activism. They

argue that in order for social workers to participate in true and effective change, the adoption of postcolonial or third world feminism is necessary.

My reflections on the paragraph resulted in a crisis of confidence in my theoretical and practice paradigm as a social worker. I began to recognize that in order to participate in true and effective change for women who mother I would need to adopt a new paradigm and engage in an expanded, if not different, form of practice. Gray and Boddy's (2010) advocacy for social workers to implement a postcolonial or third world feminist paradigm resonated with me. However, this theoretical paradigm lacked the structure and form I required within the moment of my crisis of confidence. My search for a more effective model of social work practice brought me back to the concepts and theories of structural social work which I was exposed to in my undergraduate experience, but had somehow mislaid.

Mullaly (2007) posits that structural social work and "dialectical social work theory recognizes the false dualisms of orthodox social work theory and attempts to replace them by recognizing the symbiotic relationship between contradictory elements with all their attendant mutuality" (p.238). This therefore necessitates a dialectical approach to practice. The dialectical approach to practice identifies and examines the coexistence of opposites and contradictions and holds that through the relational synthesis between the two, new understandings and change will occur (Nai, 2000). For the purposes of this advanced practicum project I attempted to move towards developing not only a greater understanding of the dialectical components of structural social work, but also the application of the interconnected but variant components.

Structural social work identifies the need for social workers to follow a "simultaneous two-pronged approach: (1) to provide practical, humanitarian care to victims and casualties of our patriarchal, liberal-capitalist society; and (2) to restructure society along socialist lines"

(Mullaly, 2007, p. 288). My practice model to date focused primarily on the former and has been remiss with the latter. In addition, the Canadian Association of Social Workers (2005) includes the pursuit of social justice as one of its key values indicating "social workers promote social fairness and the equitable distribution of resources and act to reduce barriers and expand choice for all persons" (p. 5). I came to realize that my practice and academic focus on the deconstruction of the impact of the motherhood discourse on women, unaccompanied by active involvement in social justice and structural change, was not going to result in the desired changes for women who mother. Given this understanding, the primary focus of my advanced practicum was to address the problem of my lack of dialectical engagement as a social worker by the adopting of a structural social work praxis paradigm. The question then emerged: How do I engage in structural social work within the personal context of practice, the professional context of practice, and the organizational/community context of practice so that I could become an effective participant in true and effective change for women who mother?

O'Brien (2011) argued that a review of the social work literature would tend to indicate that my lack of dialectical engagement is not a unique phenomenon. The lack of social action by social work has lead O'Brien to state, that at least on some level, social workers have "failed to enact their social justice mandate" (p. 185). However, he went on to argue that "this does not mean that social workers have abandoned social justice commitments" (p. 185). Rather, he indicated that social workers are attending to social justice issues through micro and mezzo intervention, similar to my practice model:

the evidence from this research suggests that social justice is still very much alive and well in the thinking of social workers about the nature of their practice, but it is social justice which is focused strongly on their daily work rather than on impacting on and affecting economic, social and

cultural structures which create and sustain injustice. The data certainly demonstrate an awareness of the significance of those structures, but limited action and engagement with challenging and changing them. (p. 185)

These limits, with action and engagement may reflect struggles with the operationalizing the concepts of social action and social justice and a lack of direction in the literature for dialectical engagement. This thesis paper provides an overview of my attempts with engagement with structural social work as well as an analysis of the issues and dilemmas within dialectical practice.

Three strategies and eight actions directed me through my advanced practicum experience with the purpose of moving me towards a more dialectical form of practice, which in turn may allow me to participate in true and effective change for women who mother. This thesis paper will ideally make a link between the theory of structural social work and structural social work practice in order to provide myself with a greater understanding of an expanded social work praxis model and possibly have implications for others who wish to engage in a dialectical form of practice.

### **The Advanced Practicum**

#### **Environment**

The Community Counselling Centre of Nipissing (CCCN) is a multi-funded non-profit counseling agency that has been part of the community of the district of Nipissing for four decades. The district of Nipissing has a population of 84, 736 (Statistics Canada, 2012), is inclusive of rural and urban population centres and reports significant challenges related to multiple determinants of health, with higher rates of unemployment, lower income levels, along

with one of the lowest vacancy rates in Ontario, and overall poorer health statistics (Poverty Reduction Working Group of Nipissing, 2010).

CCCN provides counselling services through traditional models of service delivery in all of its core programs. Primarily, practitioners employ individual and group therapeutic and educational methodologies. Services are funded through a variety of government ministries, employers or municipalities and are provided at no cost to the consumer as long as inclusionary criteria are met. In addition, whenever possible the centre provides fee for service counselling at a subsidized rate to the consumer. Clinical expertise is founded principally within the social work domain with intra-psychic and interpersonal interventions being the focus of the clinical portfolio with specific directives regarding direct service hours (face-to-face with clients) for clinicians.

For the past nine years my role at CCCN has primarily been that of clinical counsellor. The portfolio included the provision of individual and group psychotherapeutic interventions, with limited external community involvement. The advanced practicum experience for my MSW involved my secondment to a perinatal mental health project. This project involved six communities throughout Northeastern Ontario developing a comprehensive perinatal mental health strategy for the region. The formation of inter-organizational working groups in each community to create the strategy was a key component of the project and therefore involved a fundamental shift in my social work role, from clinical social work to community development and policy design. Therefore, the previously mentioned crisis of confidence was further complicated through the potential risk of ideological drift through involvement with inter-organizational working groups and the involvement in the development of a strategy that could

pathologize the sometimes difficult transition to motherhood and disregard the structural influences impacting women who mother.

### **Intervention Plan**

As indicated, my advanced practicum attempted to address the problem of how I as a social worker could engage in structural social work dialectical praxis, since I had identified structural social work as a means to address my crisis of confidence and ideally allow me to become an active participant in true and effective changes for women who mother. The problem was addressed through three primary context areas; personal, organizational/community, and professional. The specific intervention plan involved three primary goals: (a) to improve my reflexive practice, (b) to improve my understanding of structural social work, specific to social justice, and (c) to improve my understanding of the role of structural social workers within inter-organizational collaborations. Each of these goals was chosen to address the crisis of confidence I experienced and to assist with the transition to becoming an active participant in addressing the social injustices women experience as women who choose to mother, through the adoption of a structural social work paradigm and practice model. My intention was to engage with a structural social work paradigm that reflected postcolonial feminist activism that worked "against social injustices that still form part of the everyday experiences of many women" (Gray & Boddy, 2010), rather than continue to deconstruct the discourse, or only provide professional intra-psychic support for women who struggle with the transitions in motherhood.

Each of the three identified goals will be described here to provide for my selecting these as possible points of intervention to address the problem of how to engage in structural social work. Each goal was selected to correlate to the relevant and specific context areas. The goals will then be further analysed later on in a specific chapter of this thesis.

First, I identified reflexivity as a potential means of engagement with structural social work specific to the context of personal practice. The practice of reflexivity has gained a significant degree of attention within the social work field (D'Cruz, Gullingham & Melendez, 2007; Lam, Wong, & Fong Leung, 2007; Mullaly, 2007), was part of the discourse of my graduate experience and was named implicitly in conscientious social work practice. However, when asked by a colleague to explain the term, which he was unfamiliar with, I was unable to. Though I understood the concept, I could not formulate a response to the question or describe how I was engaging in the process, as I do not believe I was. For the purpose of this practicum D'Cruz et al. (2007), define reflexivity "as an individual's self-critical approach that involves him/her questioning how knowledge is created and how he/she may be complicit in relations of knowledge and power that have consequences for inequality, privilege and power" (p. 86). Following this definition, three specific actions were identified to assist in achieving this goal; journaling, personal counselling, and supervision.

The second intervention attempted to address my failure to engage in the second of Mullay's (2007) identified two-pronged approach to structural social work, social activism. Austin, Coombs, and Barr (2005) posit that an integrated practice model, which combines the micro level direct clinical practice and the macro level community development activities supports "social work's central stance for understanding and attending to what impedes human functioning at the individual, family, community, agency and policy level" (p. 27). Three strategies were designed to meet this goal; active engagement with a social action organization, active engagement with a social action event, and advocacy within my own organization for extended involvement with community engagement and action.

The third intervention involved the professional context of practice and was selected to improve my understanding of the role of structural social workers within inter-organizational collaborations. As this advanced practicum required participation with inter-organizational working groups, and utilized an inter-organizational community collaboration model (Perrault, McClelland, Austin, & Sieppert, 2011), understanding how to engage as a structural social worker within those groups was identified as a key intervention. The working groups were comprised of numerous members who function within a medical model that may "draw on an 'illness' or 'deficit' perception of difficulties and emphasize treatment of individual symptoms or ailments" (Moran, Jacobs, Bunn, & Bifulco, 2006, p. 149), as opposed to a systemic model. Therefore, my work toward engagement in structural social work could have been subject to ideological drift and would require an in-depth awareness of acting as a structural social worker within inter-organizational teams. Two objectives were considered in order to achieve this goal: to create a digital brochure for social workers that would provide information and direction on engaging in social work with inter-organizational teams; and to present that brochure at a bi-annual gathering of social workers in North Bay for their feedback.



## **Chapter One. Engagement with Reflective Practices**

My advanced practicum proposal included three primary potential resources to address my lack of dialectical engagement as a social worker. I hypothesized that engagement with reflexive practice, engagement with a socially critical and socially active community organization, and increasing my awareness of, and engagement with, structural social work within inter-organizational collaborations may assist with my identified primary dilemma and crisis of confidence. This chapter will focus on the first of the identified interventions towards adoption of a structural social work paradigm, that of engagement with reflective practices.

My practicum proposal work plan deconstructed engagement with reflexivity into three objectives. First, I would employ a reflexive journal. Second, I would attend clinical supervision with intent to engage with reflexive supervision. And third, I would attend personal counselling, utilizing a clinical consultation model. In this chapter, I will provide an overview of a variety of reflective practices and the modes of deployment, discuss the strengths and challenges within these reflective practices, and consider my experiences with the objectives.

The utilization of reflective practices appears within the literature throughout a multitude of disciplines, including but not limited to nursing (Crowe & O'Malley, 2006; Rolfe, Jasper, & Freshwater., 2011; Timmins, 2006); physicians (Jarris, Saunders, Gatti, & Weissinger, 2012; Pololi, Frankel, Clay, & Jobe, 2001); psychologists (Marawski, 2005), educators (Geerinck, Massechelein, & Simons, 2010; Rudman, 2012; Stanciu & Dumitriu, 2011); occupational therapists (Aguilar, Stupans, Scutter, & King, 2012; Paterson, Wilcox, & Higgs, 2006); music therapists (Barry & Callaghan, 2008); and social workers (D'Cruz et al., 2007; Lam et al., 2007; Otto et al., 2009; Rai, 2006). In addition, the intents of the practice appear to vary among professional disciplines. Norrie, Hammond, D'Vray, Collington, and Fook (2012) in their review

of the literature of teaching reflective practices within social and medical disciplines identify three variances in the intents and purposes of reflective practice. They posit that the primary purpose within medicine, specific to physicians, is the potential for reflective practice to improve competency and subsequently practice. In contrast, nursing, due to its identified relative marginalization within the discipline of medicine, utilizes reflective practice as a means of "valuing" and "validating" (p. 573) nursing based knowledge and skills. Further, Norrie et al. (2012) position the role of reflective practice within social work as a means to "challenge hierarchies within society" (p. 573).

Reflective practices emerged from the work of social scientist, Donald Schön (1983) as a response to technical rationality and the positivist assumptions embedded within that paradigm (Rolfe et al., 2011). Schön proposed that "instrumental problem solving made rigorous by the application of scientific theory and technique" (p. 21) failed to acknowledge the complexity of professional practice. Further, he argued that professional practice was often more akin to a craft, with craft positioned between talent-based art and knowledge-based science. Interestingly, he argued that the lack of juxtaposition of art and science within the professional knowledge paradigm was creating a crisis of confidence for professionals. He proposed that professionals did more than simply apply dictated algorithms to problems, but actually engaged in 'reflection-in-practice'. Schön specified that

when a practitioner reflects in and on his practice, the possible objects of his reflection are as varied as the kinds of phenomena before him and the systems of knowing-in-practice which he brings to them. He may reflect on the tacit norms and appreciations which underlie a judgement, or on the strategies and theories implicit in a pattern of behavior. He may reflect on the feeling for a situation which has led him to adopt a

particular course of action, on the way in which he has framed the problem he is trying to solve, or on the role he has constructed for himself within a larger institutional context.

(p. 62)

Schön's response to how and what was defined as valued knowledge provided an opportunity for practitioners to develop further understanding of epistemological assumptions, acknowledge his/her subjectivity and emotive self, and engage in critical analysis through becoming a reflective practitioner.

However, as Schön's (1983) concepts have evolved over time, criticisms and limitations within the practices of reflection have also emerged. Schön's work presented practitioners with a theoretical concept of reflection-in-action, while providing limited direction for practitioners. As such the concept has been critiqued as possibly resulting in reflective paralysis where "excessive reflexivity may involve us losing our focus perhaps to the point where we feel disinclined to say anything or make any interventions" (Rudman, 2012, p. 192). Further, possibly due to the imprecision within the model, Finlay (2008) posits that "there are few intellectual quests so enthusiastically lauded for such meagre, unsatisfactory returns" (p. 10) as when reflective practices are applied in insipid and/or perfunctory ways.

Numerous challenges with implementation of reflective practices may limit its use by practitioners. One of the most practical challenges for practitioners is finding the time to engage in the practice while being overburdened within their professional roles and responsibilities (Finlay, 2008). In addition, even if a practitioner is able to carve out the time for engagement with reflective practice, she faces the additional challenges of professional, knowledge and interpersonal cultures that may not support engagement with reflective practice (Fook & Askeland, 2007).

For example, dialogical reflective practices may challenge existing interpersonal norms and may be seen as intrusive (Fook & Askeland, 2007) and too emotionally taxing for practitioners (Finlay, 2008) resulting in practitioners and their supervisors opening the proverbial Pandora's Box that neither are equipped to manage. In addition, a practitioner who attempts to engage with reflective practices may face professional and knowledge cultures in which positivist evidence based practice is the only practice valued. As such, a workplace culture that defines professionalism through objectivity and quantifiable metrics may resist practitioners engaging with reflective practices (Findlay, 2008; Fook & Askeland, 2007).

In order to create a culture that supports reflective practices, individual components have been identified as necessary. First, "adequate support, time, resources, opportunities and methods for reflection" (Findlay, 2008) must be provided to the practitioner in order for it to be successful. Second, all actors involved are required to have a clear understanding of reflective process, that it is a critical professional process with valued intentions (Findlay, 2008; Fook & Askelan, 2007). However, the development of a clear understanding of reflective practices may present as a challenge to both the social worker and the supervisory environment as the concepts continue to remain imprecise even after three decades of practice.

### **Refining Reflexivity and the Inclusion of Reflection and Critical Reflection**

The practices of reflection have gained significant attention within the social work field (D'Cruz et al., 2007; Lam et al., 2007; Rai, 2006), possibly due to its awareness of and attention to the relations of power within the context of knowledge acquisition and application (D'Cruz et al., 2007; Lam, et al., 2007). However, the concepts continue to hold some level of ambiguity within both the social work vernacular and the literature. In addition, there appears to be linguistic and definitional drifts between the use of the terms reflection, critical reflection, and

reflexivity. I have attempted to clarify and differentiate the three terms, to provide greater boundary definitions and clarity of context for the application of the concepts in order to attempt to address one of the challenges with engagement. A review of the literature allowed the three terms, reflection, critical reflection and reflexivity to be considered under five categories for review: (1) foundation, (2) timing, (3) applicability of knowledge gained, (4) change focus, and (5) primary purpose (see Table 1 below). Through the unpacking of the epistemological assumptions of the concepts, I believed I could be better prepared for understanding and applying the concepts within my own practice.

Table 1.

*Reflective Practices Overview*

Category of Review	Reflection	Critical Reflection	Reflexivity
Foundation	Response to technical rationality (Schön, 1993)	Post-modern, critical theory, and post-structural theory (Béres, Bowles, & Fook, 2011)	Social constructionist (D'Cruz et al., 2007)
Timing	Reflection-in-action which may "stretch over minutes, hours, days, or even weeks or months, depending on the pace of activity and the situational boundaries" (Schön, 1983p. 62)	Reflection-on-action (D'Cruz et al., 2007; Rolfe, et al., 2010)	Reflection-in-action (D'Cruz, 2007; Rolfe, et al., 2010)
Applicability of knowledge gained	Generalizable (Lam, et al., 2007)	Generalizable (D'Cruz et al., 2007)	Situational, "without the expectation that any insights gained may necessarily generalizable to the future" (D'Cruz et al., 2007)
Change focus	Social researchers	Social workers Client	Social worker Social researchers
Primary	Social change	Social change through	Ethical Practice

Purpose	(D'Cruz et al., 2007)  Integrate theory into practice (Norrie, et al., 2012)	collective action (D'Cruz et al., 2007)  Improve professional practice (Fook & Askeland, 2007)  Making meaning from experience (Beres et al., 2011)  Developing resistance strategies of "globalization and managerialism" (D'Cruz et al., 2007)	(Otto, et al., 2009)  Social Change (D'Cruz et al., 2007)  A meta-methodology, "which has itself as the focus of its inquiry, and which constantly scrutinises and critiques itself as it is progressing" (Rolfe, 2001, p. 531)  Awareness of how one's interpretations are impacted by "professional groups and dominant discourses" (Lam, et al., 2007)
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However, others may argue that my attempt to differentiate and delineate the variances in the terminology and algorithize appropriate reflective practice application models is in direct contrast to the post-modern anti-technical rationality roots of reflective practice. For example, D'Cruz et al., (2007) conceive that the lack of common definitions and definitional bleeding are a reflection of the relative infancy of the theory and to solidify the definitional terms and processes "may stifle the evolution of innovative and creative theories for social work practice" (p. 85). In contrast, nursing authors Rolfe, Jasper, and Freshwater (2011), speculate that extemporized methodologies and methods of reflective practice leaves the practice and the practitioner vulnerable. They argue that structure is required for political, professional and practical reasons. Rolfe et al., (2011) theorize that in order for reflective practices and practitioners to "produce valid and reliable reflective knowledge" (p. 32), that can be positioned well within the knowledge and professional hierarchies, the practices must follow identified frameworks in order to be legitimized. Interestingly, the lead author of the above mentioned text, Gary Rolfe, in an

article that preceded the 2011 book by ten years (Rolfe, 2002) argues against this need for legitimacy based on positivist assumptions stating "unless reflective practitioners consciously step outside of the dominant paradigm of evidence based practice, then their arguments will be judged according to the very criteria that they argue against" (p.21).

However, apart from the potential risks to innovation and creativity, I found that developing a greater understanding of the intents and purposes of reflective practice, the definitional boundaries of the varied terms, and frameworks for application of reflective practice, were beneficial to my integration of the theories of reflection into the practice of reflection, critical reflection and reflexivity. However, I too engaged in the ambiguous practice of the terms and concepts, with frequent definitional bleeding. I have attempted to utilize the most appropriate term as I describe my experience with the frameworks. However, fluidity amongst the three reflective practices occurred both during my application of the practices during my practicum project as well as subsequent review of the practices within this thesis document.

The fluidity of practice terms and concepts within the practicum project allowed me to select the most effective practice, combine practices and/or scaffold the practices as needed. In addition, the flexibility afforded me opportunities to engage with structural social work from the personal context of practice while remaining mindful of both the professional and community context of practice. I believe that upon initiation of this advanced practicum proposal I had identified a hierarchy of reflective practices, with reflexivity being identified as the ideal, reflection being identified as undemanding and critical reflection sitting in a mid position between the two practices. However, through my engagement with these practices I now recognize that engagements with reflection, critical reflection and reflexivity were all necessary for me at various times during the practicum. My original goal was to improve my understanding

of reflexive practice. However, I recognize I was engaging in reflection, critical reflection and reflexivity at different times, to address different concerns, within different frameworks for practice. My activities of journaling, supervision, and personal counselling involved using all three forms of reflective practices.

### **Reflective Practice Journaling**

One of the frameworks for application of reflective practice is journaling. A summative method for the practices of reflection, feminist authors, Wright and Ranby (2009) describe journaling as a means to "promote mindfulness and fluency" (p. 64), while simultaneously keeping "an eye on gendered injustice and subordination"(p. 57). Further, Barry and O'Callaghan (2008) find that reflective journaling practices are beneficial to practitioners in a multitude of ways. They indicate that reflective journaling expands the understanding of contextual influences, links theory and practice, facilitates self-evaluation and evaluation by others, develops practice, and develops an understanding of the value of one's own practice domain.

For the purpose of the advance practicum project journaling was defined as "writing about, and exploring experiences in practice on an incremental basis" (Rolfe et al, 2011, p. 84). The literature provides a variety of means for clinicians to engage in reflective journaling practices, including pen and paper, notebooks, blogs, and digital/electronic journals (Barry & O'Callaghan, 2008; Rolfe et al, 2011). The author's choice will depend on her comfort level with the medium of choice and availability of the medium of choice. My selection, that of a notebook, reflects my comfort level; pen and paper was familiar and addressed the need for practicality and portability within the practicum setting.



Briefly, I will review the debate surrounding reflective journaling as an educational tool within academic settings. Primarily, journaling has been described as a "means for students to: (a) connect thought, feeling, and action; (b) deepen self-awareness; (c) think for themselves, and trust their emerging ideas; and (d) allow new or revised insights to emerge" (Barry & Callaghan, 2008, p. 57). However, for journaling to achieve its desired aim, Dymont and O'Connell (2010) posit that lecturers who utilize reflective journaling should be prepared to answer the following questions and be explicit in their answers with students: What is the purpose of the journal? Where and how does it fit into the curriculum? Who will be reviewing the journal? How will it be assessed and what is the assessment value? What are the precise requirements?

A review of the literature suggests that these intentions are not always clear to either the professor or the student. As a result, the quality of reflective journals presented for assessment within academic settings is often of poor quality (Dymont & O'Connell, 2010) or of mixed results regarding quality (Dymont & O'Connell, 2011). Furthermore, there appears to be little consistency as to how those journals are to be assessed for quality (Dymont & O'Connell, 2011). Therefore, Rai (2006) argues that "there are serious ethical and pragmatic considerations in combining reflection with assessment particularly through writing" (p. 795). Further, Ixer (1999) explicitly advocates that reflective practices, of any kind, should not be used in assessing social work competency within academic settings.

Given that journaling was self selected as a method of reflective practice and was not to be used as an evaluative tool, journaling for me was very much about the process, not the product. When I take into consideration the above mentioned questions I am able to provide the following answers. The purpose of reflective journaling for me was as one of many tools to improve my engagement with structural social work. I wanted to exploit its potential ability to

encourage its user to pay attention to structural inequities and power imbalances. I hypothesized that the method fits in well with my designed programme as reflective practice had been identified by Mullaly (2007) as a tool for structural social workers although he did not specify a methodology such as journaling. I would be the sole reviewer of the journal. However, it would be used as a tool to facilitate discussion within supervision and counselling as well as having a shadow presence within my final thesis document. The journaling process would not include an evaluative rubric as it was not to be assessed as a standalone document, but rather as part of the advanced practicum project and thesis document. And finally, a defined framework for the journal was outlined (see Table 2 below).

Rolfe's (2001) framework for reflexive practice was chosen as the framework for my journaling practice. However, in contrast to the reflection-in-action defining methodology of reflexivity, I was using this framework as a 'reflection-on-action' tool, more in keeping with the methodologies of critical reflection in that the successive time spent in contemplation was creating opportunities for reflexive knowledge (Mullaly, 2007). Rolfe's framework, which expanded on the work of Borton's "what?...so what?...now what?" (as cited in Rolfe et al., 2011) framework though using prompting questions provided me with the necessary direction for engagement with the process of journaling.

Table 2.

*Framework for Reflexive Practice*

Description level of reflection	Theory - and knowledge - building level of reflection	Action-oriented (reflexive) level of reflection
What...	So what...	Now what...
...is the problem/difficulty/reason for	...does this tell me/teach me/imply/mean about me/my	...do I need to do in order to make things better/stop being

being stuck/reason for feeling bad/we don't get on/etc.?  ...was my role in the situation?  ...was I trying to achieve?  ...was the response of others?  ...were the consequences <ul style="list-style-type: none"> <li>• for the client?</li> <li>• for myself?</li> <li>• for others?</li> </ul> ...feelings did it evoke <ul style="list-style-type: none"> <li>• in the client?</li> <li>• in myself?</li> <li>• in others?</li> </ul> ...was good/bad about the experience?	client/others/our relationship/my clients care/the model of care I am using/my attitudes/my clients' attitudes/etc.?  ...was going through my mind as I acted?  ...did I base my actions on?  ...others knowledge can be to the situation? <ul style="list-style-type: none"> <li>• factual</li> <li>• practical</li> <li>• personal</li> </ul> ...could/should I have done to make it better?  ...is my new understanding of the situation?  ...broader issues arise from the situation?	stuck/ improve my client's care/ resolve the situation/feel better/ get on better/etc., etc.?  ...broader issues need to be considered if this action is to be successful?  ...might be the consequences of this action?
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(Rolfe, et al., 2011)

As journaling was an identified objective within the practicum project and was clearly defined in terms of intent and model of intervention, its use as an engagement tool in operationalizing structural social work was beneficial. In keeping with Barry and O'Callaghan's (2008) five identified benefits of reflexive journal writing, the following strengths were supported by the journaling process from my experience. First, journaling enabled me to develop a further understanding of contextual influences that impacted practice locations for members of the working groups. For example, through the journaling process I was able to locate contextual influences related to the medical model versus the social model versus a model of lived experience, specific to maternal mental health and attachment theories, which had occurred during the practicum process. In addition the journaling process assisted in identifying lost

opportunities for me to address and challenge those variances and the implicit hierarchy within the working group settings.

Second, while I was aware of the theoretical differences within the social and medical models, my inactivity during the working group discussions early on in my practicum highlighted my struggle to connect theory to practice, specifically the theoretical paradigm surrounding structural social work and my lack of engagement with the tenets of structural social work. Structural social work prescribes the role of challenger of oppressive paradigms to its actors, which is role I struggled to take on in the past, but which is a key component of the praxis.

Third, this personal challenge, to speak out and against oppressive paradigms, was highlighted through my self-evaluation while journaling and further through the subsequent supervision process using a journal entry as a discussion point. The excerpt below was taken from a journal entry early in my practicum in which I was reflecting on my lack of action in addressing an oppressive paradigm during a working group meeting, and reflects Rolfe's (2011) level three framework for reflective practice, the 'now what' prompt:

In order to not feel stuck in this type of situation again, I need to take stock and be mindful of my tendency for avoidance and push forward from a position of genuine interest in the members paradigm positioning...the attachment paradigm is a highly medicalized model...members of the table are highly motivated, committed and professional...however my experience has highlighted the importance of the power the attachment paradigm currently holds for mothers as well as the negative impact. Creating greater awareness and understanding of this PPMD [postpartum mood disorder] issue is key and challenging the medical model of the 'deficient mother' is vital.

Through the journaling process I was able to identify some of the barriers to my linking theory to practice and develop a concrete action plan to address these barriers. For example, I developed a simplified script that enabled me to be comfortable with putting forward an argument that provided a critical analysis of the attachment paradigm, formulated from both the literature and from anecdotal accounts from mothers.

Fourth, this process encouraged further practice development through a "constant process of trying to understand, critique, and develop" (Barry & O'Callaghan, 2008, p. 61) myself as a structural social worker. And finally, this example of the usefulness of the journaling highlighted my understanding of the importance of structural social work in enacting change for women who mother.

Journaling as a tool of engagement with structural social work also presented challenges. Finding the time during my placement hours was not possible. As such, journal writing was done on my own time, at home. I had identified the use of journaling within my practicum goals and it held priority for me to complete. However, would this commitment to journaling practice become part of my identified practice responsibility, without the academic accountability increasing the importance of the task? Or would a model such as supervision, which would only occur during work hours, be a more sustainable choice for engaging in reflective practices?

### **Reflection and Supervision**

A formative method of the practice of reflection includes multiple modes of supervision, including individual, group, and peer (Chiller & Crisp, 2012; Rolfe et al., 2011). Supervision has a long history within the field of social work (Beddoe, 2011; Busse, 2009; Rolfe et al., 2011), increases the rate of retention of social workers (Chiller & Crisp, 2012), and is seeing a resurrection of interest within multiple professional disciplines (Beddoe, 2011). However, this

resurgence of interest in supervision across domains may have less to do with the roots of supervision, that of professional development, support and reflection, and more to do with its utilization as managerial risk management strategy (Baglow, 2009; Busse, 2009; Rolfe, 2002). The use of supervision as a "vaccine against mistakes" (Beddoe, 2011) fails to enact the full dialectical responsibility of the practice. Engaging in dialectical supervision practice which necessitates the use of "a complex, multifaceted process, which occupies contested space between the employing organization and the employed professional social worker" (Beddoe, 2011) requires a significant degree of investment and understanding of the concepts from the organization, the facilitator and the supervisee. Foundational functions of supervision originating from social work appear to attend to the tensions present within the practice.

Social work literature identifies four functions for social work supervision: (1) managerial, (2) developmental, (3) supportive, and (4) mediative, and advocates that all functions are required for supervision to be effective and holistic (Baglow, 2009; Beddoe, 2011). The attendant mutuality of each of the four components, which attends to the personal context of practice, professional context of practice, organization context of practice, and community context of practice, requires attention and balance from all actors involved. Rolfe et al. (2011) describe supervision "as a flexible and dynamic structure within which to continuously deconstruct and reconstruct clinical practice" (p. 103), and indicates that "supervision and reflective practice are interdependent and inextricably linked through the process of reflection" (p. 103)

Johnston and Milne's (2011) research, proposed that the success and development of successful supervision is dependent upon four factors: (1) the supervisory alliance, (2) the utilization of scaffolding techniques by the facilitator, (3) the application of the Socratic

approach, and (4) reflection. However, the fourth factor identified for successful supervision that of reflection was again met with some ambiguity by the study's participants, with the authors stating that "notwithstanding the importance placed on reflection, supervisees in the current study were unable to identify specific strategies placed on reflection" (Johnston & Milne, 2011, p.17). Therefore, in order to augment the success of reflexive supervision a more specific type of supervision, which addresses the need for social action and justice, may be required.

For instance, a subset of the supervision literature, that of feminist supervision literature, articulates an ecological feminist model of supervision that recognizes the innate importance of the relational dimensions of supervision as well as an expanded understanding of the importance of the promotion of social activism and social change and may be more suited to reflexive supervision (Gentile, Ballou, Roffman, & Ritchie, 2009). Within the feminist model the supervisor/ supervisee relationship is acknowledged as paramount. Prouty (2001) posits that the components of this relationship involve a strong commitment from actors, accessibility and availability of the supervisor to the supervisee, the reciprocal ability to challenge, an atmosphere of respect, and space to candidly discuss the supervisory relational dynamics. Furthermore, feminist supervision purposely attends to the feminist ideological influences which include critical analysis, oppression, gender, power, diversity, emotion, social construction and social activism (Gentile, et al, 2009; Prouty, 2001)

I selected engagement with feminist supervision as one of my objectives to improve my reflexive practice as a social worker, perceiving supervision as an opportunity to engage in a dialogue with and about reflection. My intuitive selection of supervision during the creation of my advanced practicum work plan may have been based on a multitude of experiential factors. First, CCCN's clinical team has a long history of recognizing the benefits of supervision,

including individual, peer and team models. Organizationally, CCCN views supervision as a right and benefit of practitioners, not merely as a means to bureaucratic ends. We have an open door policy amongst practitioners and managers where we can connect with one another as needed. In addition, the agenda on our weekly team meeting includes a specific portion of time allotted for peer supervision. For me, supervision has been a positive experience lead by either team members or managers with whom I have a positive and respectful relationship.

My supervisor for the advanced practicum project identifies as a feminist structural social worker and expressed a keen interest in my practicum goals. As I consider the four functions of social work supervision: managerial, developmental, supportive and mediative, I believe we were successful in attaining those functions. However, once again the issue of time emerged as key factor for this mode of reflective practice. At the outset of the advanced practicum, we had scheduled supervision every two weeks for a one-hour period. There was numerous times where our scheduled supervision sessions needed to be cancelled due to conflicts in the schedule or other activities taking precedence, which lead to further considerations. Why did this occur? What created the conflicts and why did supervision not take precedence? Does this de-prioritization become part of the imbalance present in dialectical structural social work engagements?

As I consider the use of supervision as a means to improve my understanding of reflexive practice, it is identified as a key component, notwithstanding the challenge of time. However, it is of key importance to note that my supervisor within this practicum engagement was an ideal facilitator for the practice. She identifies and works from a feminist structural social work paradigm. I have a long standing trusting relationship with her and feel comfortable with being both vulnerable and critically challenged. However, this level of appropriateness and availability



may not be obtainable to all social workers. Supervision for many social workers may only fulfill the managerial and developmental roles of supervision. Social workers may need to look for the supportive, reflective and mediative components outside of their organizational structure through accessing personal therapy.

### **Reflection and Personal Counselling**

The use of personal counselling is a further formative method of the practice of reflection. I viewed the addition of personal counselling as a compliment to supervision and as a means to expand on the reflective work of supervision, not as a substitute for supervision. The addition of personal counselling through a clinical consultation model allowed me the time and space to focus on the more personal components of reflective practice that may have a tendency to lean closer to therapy rather than supervision.

Rolfe et al. (2011) differentiate the two processes, that of counselling and supervision, through the role of the facilitator rather than the supervisee/client. Rolfe et al. posit that the ways and means in which the facilitator provides education, challenges the supervisee/client, and supports the supervisee/client, differentiates the two formative reflective dialogical practices. In addition, the authors identify the catalytic help from the therapist facilitator supports "enabling reflection and problem solving in the direction of deeper exploration into the personal and relationship aspects of the problem" (Rolfe, 2011, p. 109), as opposed to the supervisor facilitator, whose role is in "enabling reflection on issues ultimately affecting practice" (Rolfe, 2011, p. 109). The combination of the two methodologies, supervision and personal counselling acted as "conceptual linkage activities" (Fortune, et al., 2001, p. 112) and provided a further framework to assist me in bonding the concepts of reflective practice into the practice of reflection.

Therapy for the therapist has a long tradition for mental health practitioners (Orlinsky, Schofield, Schoder & Kazantizis, 2011) with some organizations such as the British Psychological Society, mandating counselling attendance for accreditation with their regulatory body (The British Psychological Society, 2012). In a 2011 study by Orlinsky et al. (2011), it was reported that the use of personal therapy across a broad spectrum of mental health practitioners found that Canadian practitioners reported the lowest numbers of attendance in personal counselling across a variety of professional counselling disciplines from six English-speaking countries. Overall, the tradition of attendance in personal counselling does not appear to be as evident within the social work tradition, when compared to other helping professions. However, Orlinsky et al. report that 86% of social workers have attended therapy in the past or are currently attending therapy.

The literature highlights a variety of benefits for clinicians in attending personal therapy including: (1) improving the understanding of interpersonal relationships; (2) providing experiential learning of clinical techniques from a user perspective; (3) becoming familiar with the client role; (4) concentrating self reflection on current and possibly historical factors that impact the professional role; and (5) widening and maintaining an introspective position for the synthesis of theory and practice (Fortune, McCarthy, & Abramson, 2001; Kumari, 2011; Orlinsky, et al., 2011; Rizq & Target, 2008). Though not listed as the primary tool for professional practice development, personal therapy is listed in the top three influences, following practice experience and supervision (Norcross, 2005).

Though the literature highlights numerous benefits for practitioners from attending personal counselling, reasons for not attending and multiple challenges for clinicians in accessing personal counselling are also presented. The cost of accessing therapy is one of the

most practical barriers and is frequently presented within the literature (Kumari, 2011; Smith, 2008; Von Haenisch, 2011; ) and includes not only the financial cost but the time expenditure involved in the process (Norcross, Bike, Evans & Schatz, 2008). Furthermore, therapy can be, and possibly should be, a process that involves a significant amount of emotional investment that may preclude social workers from accessing it due to limitations with emotive resourcing. Of key interest for social workers working in rural communities such as those in Northeastern Ontario, are the concerns regarding confidentiality and the potential for the creation of dual role dilemmas due to the relative scarcity of peer clinicians to access for counselling services. Smith (2008) highlighted this as a key barrier for social workers accessing counselling in North Dakota which is a state with a similar population density as Northeastern Ontario.

Norcross et al. (2008) examined counselling non attendees and reported that those who had not attended counselling had "sufficient coping skills and other sources of adequate support" (p. 1375) and concluded that there was no need to access personal counselling. My reasons for not attending counselling previously fit well with the non attendees in the Norcross et al. (2008) study. I had sufficient coping mechanisms and had a large system of support that I could readily access. However, when I reframed the need to access counselling as a need to engage with expanded clinical consultation that would allow me to participate in structural social work practice, personal counselling became highly relevant and necessary.

My position at CCCN allocated funding for my access to counselling sessions through my Employee Assistance Program (EAP) benefits. This access to EAP through my employer facilitated overcoming one of the identified barriers to accessing counselling. However, this access is limited to three funded sessions per year and is allocated at a rate that is insufficient to cover the actual cost of the counselling. Furthermore, when I looked at time allocation costs in

accessing therapy, the outlay presented a challenge. My practicum was full time at thirty five hours per week, along with the expanded academic expectations, as well as being a partner and a mother to two young children. When was I able to attend counselling? Who would I see for counselling? North Bay has a small therapeutic community with a limited number of qualified clinicians who could provide the service I was looking for and with whom I did not have a previous professional relationship.

However, I believed it was necessary to overcome these barriers to assist with my engagement with structural social work. Through a peer referral process, I was able to access a counsellor within my community who had no identified dual role conflicts and with whom I could engage with a clinical consultation model of personal counselling, with an identified purpose of furthering my reflective practice. Though not a social worker, this clinician had a strong appreciation of the components of social justice and action and facilitated the sessions in such a way that these components were the primary focus. When I consider the benefits of attending counselling presented previously, such as widening and maintaining an introspective position for the synthesis of theory and practice, I believe that the financial, time and emotive expenditures were a valuable investment. Through the addition of personal counselling I was able to address the personal and relational issues that were impeding my engagement with structural social work.

Some of these more personal issues that impact social workers engagement with structural social work have been identified in the literature by Baines (2011) and resonated highly with me. Baines indicates that,

one of the reasons that many social workers are tentative about advocacy and activism is that these actions are sometimes associated with conflict, hostility and other highly

charged and uncomfortable emotions that social workers prefer to dissipate rather than instigate. (p. 89)

The potential to experience these uncomfortable emotions was indeed an obstacle to my practicing structural social work. Through accessing personal counselling I was able to address those barriers that were created from and of my personal and social context. This expanded self awareness "coupled with political awareness, awareness of our ways of dealing with power and powerlessness in the profession, in agencies, in work with clients and in our own lives" (Moreau, 1979, p. 91) was vital for me to move forward in my quest to engage with dialectical social work practice.

### Conclusion

This chapter has focused on reflective practices as a component of expanded engagement with a structural social work paradigm and praxis model specific to the personal context of practice. Three tools to facilitate reflective practice were identified: journaling, supervision, and personal counselling (see Figure 1). Each tool built upon the other and acted in a reciprocal manner that improved my understanding and engagement with reflective practice.

Figure 1.

#### *Reflective Practice Engagement Tools*



Each tool presented unique challenges with engagement which may impede their use by social workers who are attempting to become dialectical structural social workers. However, through the implementation of all three tools during my advanced practicum, I believe I was able to expand my understanding of reflective practice and the role it plays within structural social work. Through my expanded understanding of reflective practices and tools for implementation, I was able to move toward the adoption of structural social work as a panacea to address my crisis of confidence as a social worker. However, improving my understanding of reflective practice was only one of three factors considered within this advanced practicum project, along with improving my understanding of structural social work, specific to social justice and improving my understanding of the role of structural social workers within inter-organizational collaborations. It is this topic that I turn to in the next chapter.

## **Chapter Two. Engaging with Social Justice**

Improving my understanding of reflective practices and deepening my engagement with reflective practice was identified as one of three components to address my lack of engagement with structural social work. Though there were barriers to my practices of reflection, my experience demonstrated that it was part of an effective map to address the deficits within my practice model and provided me direction toward the implementation of structural social work praxis. In order to assist with dialectical practice from an organizational and community context of practice, engagement with social action was identified as an additional goal.

Engagement with social action addressed my failure to adequately enact the second of the identified two-pronged dialectical approach to structural social work: "to restructure society along socialist lines" (Mullaly, 2007, p. 288). My advanced practicum work plan broke down engagement with social action into three objectives: (1) participation with a social action organization, (2) participation in a social action event, and (3) advocacy within my own organization for expanded identification and involvement with social activism. This chapter reviews the position of social work with and within social justice and the acts of social justice, discusses the strengths and challenges social workers face with engagement with social action and considers my experience with the three objectives outlined above.

Social justice has been identified as the base of social work praxis (Lundy, 2011; Solas, 2008; Takahashi, 2007; Wiener & Rosenwald, 2008). However, O'Brien (2010) finds that social workers and the social work community may be struggling to operationalize social justice within their practice. He posits that social work requires a richer, more in-depth understanding of how to encourage, build and sustain the social justice commitment of individual practitioners and, equally if not more importantly, how to develop action by the

profession and others to bring about change in those economic, cultural and social structures in ways which enhance and advance social justice. (p. 186)

However, social work faces numerous barriers in encouraging, building and sustaining this commitment to social justice (Lundy, 2011; Mullaly, 2011; Peters, 2012; Solas, 2008; Takahashi, 2007; Wiener & Rosenwald, 2008). Mendes (2007) identifies four barriers to social workers engagement with social justice: (1) professionalism and a shift toward psychotherapy practice; (2) work place limitations related to policies and work load strain; (3) failures in social work education; and (4) ambiguous codes of ethics that nominally support social justice without operationalizing the concept. I will use these four identified barriers, as I believe they are reflective of my personal barriers, as a framework to further unpack the dilemmas facing social workers in enacting the social justice mandate. Prior to reviewing the dilemmas social workers are experiencing, I will provide a brief review of the concept.

### **Defining Social Justice**

As with my experiences with the concepts of reflective practice, I first needed to deconstruct the terminology in order to provide greater clarity of the concepts. Two terms appear to be presented within the literature in relation to this specific concept: social justice and social action or activism with the former centred around an ideological premise and value, the latter centred around action(s). Herein lies the dilemma for many social workers; how do we translate the values of social justice "into deeds on a daily basis" (O'Brien, 2010, p. 174) so that we can practice the values of social justice? First, we must clarify the terminology.

Though the term, concept and ideology of social justice appears throughout the social work literature and indeed is part of the identity of social work itself the "term is seldom addressed in terms of definitions, specific goals, implementation, results and evaluations"



(Takahashi, 2007, 180). Furthermore, the concept has been described as “conceptually murky” (Olson, Reid, Threadgill-Goldson, Riffe, & Ryan, 2013, p. 24) and “vague and abstruse” (Rountree & Pomeroy, 2010, p. 293). The ambiguous use of the term possibly speaks to assumptions present within social work culture where, for example we assume we all know what one another means by the term ‘social justice’. This raises the question: does this ambiguity contribute to ambivalence?

The indexes of two of the key texts in the structural social work armoury, Mullaly's (2007) *The New Structural Social Work* and Lundy's (2011) *Social Work and Social Justice: A Structural Approach to Practice* were reviewed with specific attention to the term ‘social justice’, with an intent to clarify Mullaly's and Lundy's operational definition of social justice. Mullaly's index provided direction to discussions regarding numerous paradigms’ general descriptions related to the term, as well as a discussion regarding the limitations of the Canadian Association of Social Workers use of the term. However, I was not able to readily resource an operational definition of the term from the index as defined by Mullaly.

Lundy (2011) indicates “while social work codes of ethics clearly state that social workers have a responsibility to social change and social justice, there is little guidance on how this responsibility is to be put into operation, nor is there support to do so” (p. 145). However, in review of her book, solely through the use of the index, I found once again that the operational definition of social justice as defined by Lundy was fairly obscure. Lundy does provide an in-depth description from another author, Craig's (2002) definition of social justice, but she does not state explicitly that this is the operational definition that she has chosen to define social justice. While I appreciate that utilizing an index to source a definition or understanding of a concept is limited and fails to recognize the complexity of presentation within these large

volumes of work, I believe it does speak to the epistemological assumptions present within my own discipline. For instance, a social worker employed within a community mental health agency who is working with a woman who is experiencing intimate partner violence, and experiencing depression and anxiety, could follow the cognitive behavioral therapy protocol recommended by the consulting psychiatrist, ensure the client is being compliant with her medication and engage in discussions with women regarding patriarchy, and frame this as engaging in social justice. In contrast, a social worker employed with a violence against women agency could initiate similar discussions regarding patriarchy, provide the client with resources and information on women's shelters, discuss a referral to a women's group, actively advocate for the clients rights to benefits, be an active member of a union, engage in ongoing political activism, and frame this as engaging in social justice. Each social worker would be justified within her understanding of social justice given her epistemological understanding of the issue.

In order to provide an explicit understanding of the term social justice to be used within my own practice, I selected to use the definition of social justice provided by Craig (2002) [the same definition provided as an example by Lundy (2011)] to begin to operationalize the concept. Craig states that,

my view of social justice is this: a framework of political objectives, pursued through social, economic, environmental and political policies based on an acceptance of difference and diversity, and informed by values concerned with: achieving fairness, and equality of outcomes and treatment; recognising the dignity and equal worth and encouraging the self-esteem of all; the meeting of basic needs; maximizing the reduction of inequalities in wealth, income and life chances; and the participation of all, including the most disadvantaged. (p. 671)

I have chosen Craig's (2002) definition as a base for my definition of social justice due to its expansive and layered consideration of the concept. It begins to address some of the areas of concern regarding my specific area of interest: becoming an effective participant in true and effective change for women who mother. It achieves this in three ways.

First, it advocates for social workers to address policies, specifically social and economic policies. Through my practice and academic work in deconstructing the discourse of motherhood, key factors emerged as having a significant negative impact on women who mother and appear to be cyclically linked to social and economic policies. The literature demonstrates three primary intentions of the current motherhood discourse. Though highly interconnected, when extracted into primary elements, three themes emerge: (a) motherhood discourse as a capitalist mechanism (Nadenson, 2002; Pitt, 2002), (b) use as a risk control measure (Honore, 2008; Knaak, 2009; Lee, 2007; Lee, Macvarish, & Bristow, 2010), and (c) use as a surveillance contrivance (Furedi, 2008; Henderson, Harmon, & Houser, 2012; Romagnoli & Wall, 2012; Vincent, Ball, & Braun, 2010). The current social and economic policies that support the current discourse of motherhood are negatively impacting women who mother.

The second way in which this definition may provide me direction for engagement in true and effective change for women who mother is the emphasis on encouraging the self-esteem of all. The literature demonstrates, and I have been witness to on countless occasions, how the foundational suppositions of the current motherhood discourses do not encourage the development of all. On the contrary, the current discourse has been identified by feminist researchers and analysts as a reasonably new social construction, fashioned "to oppress and exploit women" (Hagar, 2011, p. 35). This discourse has created, what American feminist writer Sharon Hays (1998) described as 'intensive mothering' ideologies. Within this dogma, good

mothering is defined as "child-centered, expert-guided, emotionally absorbing, labour intensive and financially expensive" (Hays, 1998, p.8). All other mothering which does not fit within those explicit and implicit regulations is seen as a failure.

In order to challenge the foundational suppositions having a negative impact on women who mother, following Craig's (2002) definition of social justice encourages the participation of all, including the most disadvantaged. This is the third identified strength of this definition. While white middle-class mothers appeared to struggle with the identity negotiations associated with motherhood, working-class (Johnston & Swanson, 2007; Vincent et al., 2012), poor (Abrams & Curran, 2009; Abrams & Curran, 2011; Romagnoli & Wall, 2012:), older (Shelton & Johnson, 2006), younger (Romagnoli & Wall, 2012), and immigrant (Liamputtong, 2006) marginalized mothers appeared to experience even further complexities associated with the socially constructed idealized, motherhood discourse and realities of their day to day lives. The intersectionality of marginalization and the intensive mothering discourse on identity negotiations creates significant challenges for women. Therefore, participation by all women, in challenging the discourse and redefining motherhood is the ideal.

This definition has, on some level, only served to return me back to the original conundrum, in that I am once again charged with the ideology of social justice, though now better defined and more clearly understood, but without a clearly identified means to enact the social justice ends. Takahashi (2007) provides an expanded understanding of social justice that may allow social workers to hold both the position of the idea of social justice and the acts of social justice within a singular conception. She argues that social justice is an evolutionary concept which involves multiple context areas that include many functions, including: "(1) an idea, (2) a value or perspective, (3) a principle or standard, (4) an atmosphere or overarching

climate/environment, (5) a goal or objective, (6) a process or procedure, (7) a product or policy, and (8) an end result" (p. 181).

While the majority of these functions are clearly defined by Craig (2002), Takahashi (2007) supplements the paradigm and product composition of Craig's definition by including the functions of processes, procedures and the addition of atmosphere and environment. These two supplementary functions were to be the primary focus of the community/organizational context of practice objectives within my advanced practicum and are reviewed later in this document. Prior to my considerations of the objectives, I will review the barriers faced by social workers in enacting the dialectic definition of social justice, which includes both the ideology and the actions of social justice.

### **Professionalism and Psychotherapy Practice**

Professionalism and the successive trend toward the practice of psychotherapy within social work has been identified as one of four barriers impeding engagement with social justice. The road to professional status by social work has been longer than numerous other professions (Randall & Kindiak, 2008) and is "largely a history of unintended consequences" (Johnston-Goodstar & Velure Roholt, 2012, p. 139). The lengthy process of the professionalization has been attributed to the complexity of the dialectical role of social work (Randall & Kindiak, 2008). Some argue however that the process of professionalization itself is partially responsible for loss of duality within social work practice, specifically the loss of the social justice mandate (Abramovitz, 1998; Epstien, 1970; Johnston-Goodstar & Velure Roholt, 2012; Mendes, 2007).

Professionalization of a discipline purports to: (a) increase standards and quality of practice, (b) increase the wages and benefits for practitioners, and (c) raise the standing and profile of the discipline (Johnston-Goodstar & Velure Roholt, 2012). The issue of the

professionalization of social work is a divisive one as "some argue that the drive for professionalism has been a major obstacle to a progressive practice, while others believe that the two are incompatible" (Lundy, 2011, p. 291). Epstein (1970) in an article published over 40 years ago found that social workers who were dedicated to an ideology of neutral professionalism were less likely to sanction progressive social justice. However, his research further identified that an ideology of neutral professionalism does not reflect the social work profession, and that this "lack of commitment to activism maybe more a product of individual aspiration to professional status, than of a powerful and neutralist professional culture or subculture" (p. 76). The debate regarding the professionalization of social work is ongoing.

Critics of the professionalization of social work specify that the two are incompatible due to four primary factors, including: (1) the promotion of neutral, apolitical, and technical solutions to problems of, and with, individuals functioning in a capitalist society, in the absence of positioning these problems within a larger social context; (2) regulatory criteria that excludes service users and workers outside of the discipline; (3) the hierarchical nature of professional associations which exclude or marginalize the unregulated or differently regulated others; and (4) the self-serving nature of professional organizations (Mullaly, 2007). These criticisms of professionalization may be reflective of Epstein's (1970) ideology of neutral professionalism with its justification for incompatibility of professional social work and social justice. Others have argued that professionalism and social justice are and should be compatible if and when the dialectical nature of social work is recognized as the professional ideal (Leung, 2010; Lundy, 2011; Mullaly, 2007; Stewart, 2013).

Encapsulating the dialectical nature of social work practice within a "political saturated" (Mullaly, 2001, p. 313) professionalization of social work may encourage greater social activism

by its members. The literature posits this can be achieved in a variety of ways including: (a) professional bodies and association's promotion of a social justice mandate (Lundy, 2011; Mendes, 2007); (b) clearly demonstrating social justice as the primary mandate within codes of ethics (Solas, 2008; Wiener & Rosenwald, 2008); (c) participation of services users within professional organizations (Mullaly, 2007); and (d) including the rich history of social justice within the profession of social work within social work education (Abramovitz, 1998).

Furthermore, Lundy (2011) advocates that social workers, through belonging to professional organizations, are well positioned to change the very associations of which they are members. She argues that professional associations are far from ideal, but are necessary in order "to have both a local and national voice in response to the crisis in social welfare and increase in globalization" (Lundy, 2011, p. 292).

When I consider the concept of professionalization and the impact it has had on my lack of engagement with social justice some of the components do resonate with me. However, to be clear, that impact, upon reflection comes from a place of identification with neutral professionalism. Upon graduation with my undergraduate degree in social work, I immediately began working as a clinical social worker. I struggled to define my role and more simply I even struggled to define my designation. My clinical role did not appear to be politically saturated by any means. For many years when asked what I 'did', I replied I was a counsellor. I did not identify with a professionalism steeped in social justice. I had aligned myself with a counselling tradition that failed to acknowledge the social justice identity of my own profession. Stewart (2013) posits that,

a comparison of principles and ethical codes of psychology and counselling, to mention just two, provides similar declarations of competent practice, integrity, and importance of

client participation in treatment. Competent practice and recognition of multiple levels of factors that impact human beings and their behavior, however, are insufficient to completely differentiate social work from other professions. (Stewart, 2013, p.169)

Stewart argues further that in order for social work to differentiate itself within casework and the practice of psychotherapy and indeed engage in practice which upholds our understanding of competent practice, social justice must be the core principle. Defining professionalism through social justice "allows social work to maintain a unique identity, while simultaneously and uniquely defining itself, therefore meeting the guidelines of a successful organizing principle" (Stewart, 2013, p. 173). After a few years, through connecting with other social workers both inside and outside of my organization, I began to identify as a social worker when asked what I 'did' and I also began to re-identify with a social justice mandate.

I began to enact the beginnings of a 'politically damp' professionalism within my intrapsychic and interpersonal work with clients. However I would not identify this work as being politically saturated. Maschi, Baer, and Turner's (2011) review of the literature identified tactics utilized by clinical social workers to enact the social justice mandate that resonate with me (see Table 3 below).

Table 3.

*Social Justice in Clinical Practice*

Common strategies and approaches to practice identified in the scholarly literature for the integration of clinical social work and social justice

**SELF-AWARENESS/REFLECTION**

Self-reflection and self-awareness

Awareness of power and privilege status

Monitoring one's oppressive or biased language



## THERAPEUTIC RELATIONSHIP (CLINICIAN –CLIENT)

Power and equity (non-hierarchical) in clinician –client relationships

Collaboration between clinician and client

Issues of power, privilege, and oppression addressed in relationship

## ETHICS AND VALUES

Use ethical standards — educate others about mutual influence of societal factors & mental health

Be transparent with clients regarding values and ethics

Be attentive to ethical codes (e.g. right to self-determination, dignity and worth of the person)

Be of service: offer pro bono services

## ASSESSMENT STRATEGIES

Early assessment (prevention)

Biopsychosocial spiritual assessment

Spiritual assessment tools as a way to understand clients' spiritual and religious involvement

Use of cultural genograms to expose family legacies of power and privilege

When using or teaching about the DSM-IV take into account the socio-historical context

## THERAPEUTIC GOALS

Helping clients uncover their hidden strengths

Helping clients understand how the sociopolitical context is the source of distress

Empowering clients to take action against personal relational and societal injustices

## INTERVENTION STRATEGIES

Case Management Strategies

Use of counseling team (use of more than one counselor with clients)

Use one's position on interdisciplinary teams to advance the sociopolitical perspective

Involve clients in decision-making and treatment planning

Help clients connect with social supports, including religious supports

Incorporate comprehensive services (health services, group & community change activities)

Education and Modeling Strategies for Addressing Client Knowledge and Skills Gaps

Decision-making skills

Coping skills

Mediation and conflict resolution

Understanding the impact of oppression, power, and privilege

Assertiveness training (interpersonal)

Self-advocacy

Social and political action in the local communities

Responsibility (help oppressors write and read amend letters to their families)

Macro Policy Practice Strategies

Assist elected officials with information or research on legislative policy changes  
 Provide feedback to policymakers about policy effectiveness  
 Address policy deficiencies in one's agency of employment  
 Develop agency service when needed  
 Make external changes at the macro level of policy development and influence

(Maschi, Baer, & Turner, 2011, p. 247)

However, some of the mezzo and macro practices identified by Maschi et al. (2011) remained outside of my core competencies and practices, specifically those related to acts of social justice, such as social and political action with local organizations and involvement with macro level policy advocacy. In order to achieve an understanding of politically saturated professionalism I needed to engage further with the acts of social justice as outlined in my advanced practicum. However, the literature identifies that this engagement with the acts of social justice can be hampered not only by a belief in, and the practice of, neutral professionalism, but also through the challenges social workers experience within their work environments and the demands of the job.

### **Workplace Limitations and Strain**

Medes (2007) further identified that workplace restrictions and workload demands impede the social worker's engagement with the social justice mandate. The tensions present within the nature of social work practice often create a significant imbalance within the dialectic and makes the work of structural social work "difficult most of the time" (Peters, 2012, p. 298). This inherent tension is often due to contradictory positions most organizations hold of care and control, which often places social workers within organizations in a tenuous position (Mullaly, 2007) resulting in limitations and strain. Conflicted social workers are faced with the imperative of addressing the often complex and immediate needs of clients while adhering to the requirements of the employer (O'Brien, 2010).

These requirements result in social workers reporting that they experience ever increasing bureaucratization of their roles and responsibilities (Lundy, 2011, Mullaly, 2007; O'Brien, 2008). This increase in bureaucratization and subsequent decrease in autonomy within the role of the social worker has been identified as a key factor in social workers' role stress (Graham & Shier, 2010; Kim & Stoner, 2008; O'Brien, 2010). Mullaly (2001) identifies that "social workers today are often expected to adjust their practice away from labour-intensive, non-routinised interactions with service users to the use of routinised and standardised organisational technology that is perceived to be cost effective" (p. 306). This push to routinised practice, which accommodates administrative demands for performance metrics, may leave little opportunity for social workers to engage in the less easily metered work of social justice. As such in order to attempt to accommodate the role demands, social workers may feel the need to forgo the work of social justice.

This need to attempt to control the role strain is understandable given that social workers "are among the workers most at risk when it comes to experiencing burnout at some point in their careers" (Kim, Ji, & Kao, 2011, p. 266). The antecedents to social workers experiencing burnout are many. The literature identifies role ambiguity, low work autonomy, high workload, lack of support from colleagues and supervisors, type of work, connection with clients, and boredom amongst the factors impacting wellbeing (Graham & Shier, 2010; Kim & Stoner, 2008; Lloyd, King, & Chenoweth, 2002). As I consider each of these factors as a component of social work wellbeing I am also aware of how each of these factors impact social workers engagement with social justice. If social workers are positioned in unclear roles, with little control over large volumes of work, receive little support from peers and colleagues, are disengaged from clients

and not excited by their work, there would be little chance for the work of social justice to transpire.

I believe that workplace limitations and strain played a role in my limited engagement with social justice. My role for over a decade was clinical case work. Administrative expectations were that I would provide face-to-face counselling sessions to 21 clients per week. Though this expectation was rarely measured, it was an expectation that formed my weekly agenda setting. My portfolio was expansive, including providing therapeutic services to women who had experienced intimate partner abuse, women who had been sexually abused or assaulted, women who had been charged with abusing a partner, employee assistance counselling, and general counselling. Though each of these files was impacted by social injustice, none of the deliverables of the service articulated a mandate to address the injustice.

Furthermore, workplace expectations directed tasks toward classification as direct or indirect, with a specified number of hours required in direct service. Clinicians at CCCN are required to log each minute of his/her day and assign a code to that activity. The codes are designated into classifications of either direct or indirect service to clients. The definitions of direct service are narrow and do not reflect any social justice activities outside of intrapsychic and interpersonal therapeutic interventions. Therefore, if I could not log social justice how would I account for my time and meet the expectations of the portfolio?

However, as Peters (2012) indicates "sometimes structural social workers are up against barriers that are not moveable and they are prevented from much of their structural activities, but at other times they are able to find a way through the structures" (p. 228). Finding my way through the structures of workplace bureaucracy that are impeding my engagement with social justice and indeed my agency's engagement with social justice is vital. In order to engage in

structural social work, fulfilling the social justice mandate requires effort and navigation. Some would argue that the social work education system is not equipping social workers with the necessary skills to navigate workplace systems (Dudziak & Profitt, 2012; Mendes, 2007; Wiener & Rosenwald, 2008).

### **Social Work Education**

The third identified barrier to social workers enacting the social justice mandate as defined by Mendes (2007) is the failure within social work education. This is further supported by the work of Dudziak and Profitt (2012). They conceive that social work education has been unsuccessful in providing students with the knowledge and skills necessary to enact the social justice mandate they have been assigned. These authors argue that this is partially due to the assumptions embedded within some schools of social work. These assumptions include the notion that social workers will "automatically know how to do social action" (p. 236) if provided with a satisfactory generalist social work curriculum. Furthermore, if schools of social work and social work practitioners "espouse a value commitment to social justice, then somehow they will instinctively or magically translate this into action" (p. 236). And finally, the assumption "that people will act once they become aware of social injustice" (p. 236) further places social work students in a tenuous position to enact the social justice mandate.

Hackman (2005) identifies five specific pedagogical components of social justice education that may assist in challenging these assumptions. These essential components of social justice education include students developing: (1) an in-depth understanding of the factual and historical information components of social justice; (2) advanced skills in critical analysis; (3) tools for social action; (4) tools for reflective practice; and (5) an understanding of difference and

diversity. Through the successful acquisition of all five components, Hackman argues that students are better prepared to enact the social justice mandate.

Through reflecting on both my undergraduate and graduate academic experience, I believe that some of the components of the pedagogy of social justice were embedded within my social work education. I believe my social work education provided me with an extensive understanding of basic social justice movements. I believe I developed the necessary skills to engage in thorough and complex critical analysis. Further, I believe I graduated with an understanding and appreciation of difference and diversity. Each of these components speaks to an understanding of the value of social justice. However, as indicated in chapter one, I believe there was a deficit in my understanding and application of reflective practice and as indicated within this chapter, I believe there was a deficit in acquiring tools for social action. These deficits of the necessary tools to operationalize social action are also generally reported as being present within social work codes of ethics.

### **Codes of Ethics**

Mendes (2007) identifies ambiguous codes of ethics which fail to operationalize the concept of social justice as the fourth limitation for social workers enacting the social justice mandate. Throughout the literature concerns are presented regarding social justice and its place within social work codes of ethics (Lundy, 2011; Mendes, 2007; Solas, 2008; Steward, 2013). Brill (2001) conceives that codes of ethics "are windows into a profession" (p. 223). When one looks through the windows of social work codes of ethics where does social justice sit? In order to provide myself greater clarity of the place for social justice within codes of ethics, I reviewed the American National Association of Social Workers (NASW), the Australian Association of

Social Workers (AASW), and the Canadian Association of Social Workers (CASW) codes of ethics (Table 4). This examination allowed me to further develop an understanding of the social justice mandate within each of these codes of ethics.

Table 4.

*Codes of Ethics and Social Justice*

Code of Ethics	National Association of Social Workers (2008)	Australian Association of Social Workers (2010)	Canadian Association of Social Workers (2005)
Value	Social Justice	<p>Social justice</p> <p>The social work profession holds that social justice is a core obligation which societies should be called upon to uphold.</p> <p>Societies should strive to afford protection and provide maximum benefit for all their members. (p. 13)</p>	<p>Pursuit of Social Justice</p> <p>Social workers believe in the obligation of people, individually and collectively, to provide resources, services and opportunities for the overall benefit of humanity and to afford them protection from harm. Social workers promote social fairness and the equitable distribution of resources, and act to reduce barriers and expand choice for all persons, with special regard for those who are marginalized, disadvantaged, vulnerable, and/or have exceptional needs. Social workers oppose prejudice and discrimination against any person or group of persons, on any grounds, and specifically challenge views and actions that stereotype</p>

			particular persons or groups. (p. 5)
Principles	<p>Social workers challenge social injustice.</p> <p>Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people (p. 2)</p>	<p>The social work profession:</p> <p>promotes justice and social fairness, by acting to reduce barriers and to expand choice and potential for all persons, with special regard for those who are disadvantaged, vulnerable, oppressed or have exceptional needs</p> <p>advocates change to social systems and structures that preserve inequalities and injustice</p> <p>opposes and works to eliminate all violations of human rights and affirms that civil and political rights must be accompanied by economic, social and cultural rights</p> <p>promotes the protection of the natural environment as inherent to social wellbeing</p> <p>promotes community participation in societal processes and decisions and in the</p>	<p>Social workers uphold the right of people to have access to resources to meet basic human needs.</p> <p>Social workers advocate for fair and equitable access to public services and benefits.</p> <p>Social workers advocate for equal treatment and protection under the law and challenge injustices, especially injustices that affect the vulnerable and disadvantaged.</p> <p>Social workers promote social development and environmental management in the interests of all people. (p. 5)</p>



		development and implementation of social policies and services. (p. 13)	
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It appears social justice has its place within these codes of ethics; however, this position is not as prominent as some would suggest it should be. Lundy (2011) indicates that the CASW Code of Ethics is "weak in the area of social action" (p. 129). Further, Mullaly (2007) posits that the CASW Code of Ethics stance on social justice is "limited" (p. 52) in that "social justice is defined only in terms of distributing or redistributing society's resources (i.e. distributive justice or redistributive justice), which excludes doing anything about the social institutions, policies, processes, and practices responsible for the inequitable distribution in the first place" (p. 52). Solas (2008) critiques the AASW Code of Ethics and suggests it must, at a minimum, make "social justice the first of the profession's cardinal values because all injustice invariably devalues all others" (p. 133). However, Lundy argues that "while the social work codes of ethics are a contradictory blend of conservative and liberal elements, they do emphasize the social worker's ethical responsibility for social change and the promotion of social justice" (p. 144).

In addition to the review of the three national social work codes of ethics and their position on social justice, I turned to the Ontario College of Social Workers and Social Services Workers (2008) Code of Ethics to orient myself within my regulatory college's position on social justice. The Code of Ethics states, a "social worker or social service worker shall advocate change in the best interest of the client, and for the overall benefit of society, the environment and the global community" (p.2). Further the principle of Competence and Integrity states,

college members promote social justice and advocate for social change on behalf of their clients. College members are knowledgeable and sensitive to cultural and ethnic diversity

and to forms of social injustice such as poverty, discrimination and imbalances of power that exist in the culture and that affect clients. College members strive to enhance the capacity of clients to address their own needs. College members assist clients to access necessary information, services and resources wherever possible. College members promote and facilitate client participation in decision making. (p.14)

This frail statement stands in clear contrast to Lundy's (2011) statement, that codes of ethics emphasize social workers responsibility for social change and social justice. The OCSWSSW Code of Ethics is the only code of ethics I have used as a reference to guide practice in my 10 years of practice. Prior to this review, the American, Australian, or Canadian national codes of ethics had not provided me guidance in my practice. Hence, if my compass was directed by the OCSWSSW position on social justice, my lack of progress toward a politically saturated practice is better understood.

### **Systems that Support Social Justice**

Mendes (2007) identifies seven factors that support social workers enacting the social justice mandate. These range from the subjective personal and experiential factors to objective organizational factors. Two of the objective social justice supportive factors for which social workers may have less control over include practice autonomy within his/her organization and support for engagement with social justice from the employing organization. However, five of the identified supportive factors allot a significant degree of control to the individual social worker. These factors include: (1) personal belief systems informed by background and experiences in and outside of the social work experience; (2) education; (3) conviction that social justice is a core responsibility and value of social work; (4) commitment to this responsibility

through an expansive social justice schema; and (5) engagement with social justice groups and movements.

As I consider these seven factors I recognize that my "failure" to enact a social justice mandate outside of the micro and mezzo level of practice was partially a result of erosion, complacency and ambivalence. I have a relatively significant degree of autonomy within my practice and I believe I would have received support for greater engagement with acts of social justice if I had so advocated. Though macro level social justice is not part of the atmosphere or environment of CCCN, per se, one could argue that it possibly could be. Therefore, the breakdown with my engagement with structural social work was not solely related to objective factors. The five subjective factors also contributed to the failure.

First, my personal belief system has been informed by my background and experience within a social location as an educated, mothering, working class, white, heterosexual, partnered, woman. This social position affords me numerous privileges that allow my work to be with 'others' often outside of my social location position. Second, my social work education included an in-depth understanding of the ideology of the social justice mandate. However, I completed my undergraduate degree 10 years ago and all of my subsequent training was on content and model specific education related to my clinical social work practice. These training sessions were for the most part not lead by those within my own discipline. The workshops, conferences, and training opportunities were most often lead by psychologists, psychiatrists, and nurses with little if any attention toward social justice. At no time did I attend or was I aware of a social work social justice 'booster' educational opportunity that would reorient me toward the social justice path. Third, I do not believe I had lost the belief that social action is a core obligation of social work, I believe I had somehow mislaid the commitment to the social justice mandate, possibly

related to factors one and two. And finally, I was not engaged with, nor had I been in the past engaged with the social justice social or political movements.

Therefore, in order to address and bolster both the objective and subjective factors which contribute to social workers enacting a social justice mandate, my practicum work plan focused on engagement with a social justice organization and carrying out an act of social justice as subjective measures and encouraging the expansion of CCCN's social justice macro mandate as an objective measure. I will begin by considering my experiences with the subjective measures.

### **Engagement with a Social Action Organization and Event**

Structural social work has recognized the need for, and the struggle to enact the social justice mandate in social work from the micro, mezzo and macro levels of practice and has further advised that social work “within agencies must be linked to struggles for structural change outside agency walls” in order to be fully effective (Moreau, 1979, p. 89). In this section I will consider my experiences with engagement with structural social work outside of my agency's walls, through my involvement with a social action organization and an event, and consider the influence these actions had on the enhancement of my dialectical practice.

The literature provides multiple avenues for social workers to engage with the acts of social justice from a clinical and client advocacy position (see Baines, 2011; Lundy, 2011, Mullaly, 2007). Upon reflection, I believe that I had embedded the ideology of social justice in my clinical work and engaged in acts of social justice on the micro level, with recognition that, at times, the ideologies and practice of social justice held merely shadow presence and were not always clearly visible in my clinical work. For example, I can recall periods of my clinical practice in which I had been quite strongly attracted to the evidence-based promise of cognitive behavioral therapy (CBT) and adhered strictly to the protocols present in the framework. I

attended numerous intensive training courses and folded the rhetoric and tools into my practice. However, this was not a seamless folding in of the CBT paradigm into my practice; there were wrinkles that I now recognize as the latent cries of social justice struggling to emerge. In order to support these emergent claims for social justice and enhance their presence, I recognized I needed to move outside of my clinical practice and my organizational culture to bolster my engagement with social justice. I needed to become involved in a larger collective movement and engage in the change process from a macro level of practice.

Baines (2011) has identified alignment with social movements as one of six principles for being an 'activist practitioner', along with being good at one's job, being personable, utilization of personal and professional privilege, positioning one's self as an instrument, and refusal to preserve or support the current systems. As such, in order to improve my understanding and engagement with structural social work and become an activist-practitioner I joined a local women's health advocacy group, the North East Women's Health Alliance (NEWHA). Dudziak and Profitt (2012) identify that "one of the core strategies for sustaining energy and commitment in social action is working with others in groups and recognizing that we are part of a larger community committed to similar values" (p.245). The NEWHA afforded me an opportunity to join with like-minded individuals advocating for change for women.

The NEWHA emerged from a community roundtable event in Nipissing held in the fall of 2012, hosted by the AIDS Committee of North Bay and Area that looked to identify strengths and challenges for women within the community. From that meeting a recommendation for the creation of a women's health advocacy group emerged. The committee was struck in January, 2013. The mission of the group is to work collaboratively on issues pertaining to women's health and wellness in the Nipissing region with a focus on the social determinants of health. The

NEWHA's vision is a community where the health and social services available to women are appropriate, effortless, holistic, timely and equitable. The four goals of the alliance are: (1) to actively identify and build on community successes in women's health and wellness in our community; (2) to actively identify and strategize ways to improve upon barriers to health and wellness for women in our community; (3) to actively promote, educate and advocate for/on women's health and wellness in our community; and (4) to encourage others to adapt their health services to respect the inherent worth and dignity of every woman.

Though the vision, mission and goals of the alliance do not speak directly to my overall goal to become an effective participant in true and effective change for women who mother, it does speak to and address the broader issues impacting women in our communities, including women who mother. Engagement with the NEWHA is strong compliment to my overarching goal to engage further with structural social work paradigm and praxis. It achieves this in three primary ways: (1) through connecting with like-minded individuals; (2) through collective critical analysis of the challenges and strengths within our communities; and (3) through engaging in organized collective action.

As I consider the previously reviewed barriers to engagement with social justice, specifically the challenges associated with workplace demands and strain identified by Mendes (2007), I concede that attendance with the NEWHA was limited by time constraints given the demands of my advanced practicum. During the course of my time engaged with the practicum I was unable to attend one of the five scheduled planned meetings/events with the NEWHA. Attendance with and to the NEWHA was made a priority by both my inclusion of attendance within my advanced practicum work plan as well as through my own desire to be part of the alliance. CCCN did not impose any barriers to my attendance, and in fact upon my

recommendation a member of CCCN's addiction team joined the NEWHA as well. This ideological commitment and monthly time commitment to the NEWHA will continue after my completion of the advanced practicum. I believe that the connection provides the critical link to social justice outside of my agency as recommended by Moreau (1979) and is a primary component for my engagement with structural social work. Furthermore, the NEWHA not only provided me the opportunity to engage with the ideologies of social justice, it also provided an opportunity to engage with the acts of social justice through becoming involved with the international "Join Me on the Bridge" event.

The NEWHA joined with women's organizations around the globe, on March eighth and participated in the Join Me on the Bridge event. The Join me on the Bridge event began three years ago and is affiliated with the Women for Women UK based organization:

the idea for Join Me on the Bridge came from the Country Directors of Women for Women's programmes in Rwanda and the Democratic Republic of Congo - two countries which have seen some of the most devastating impacts of war in recent years and where atrocities such as rape, torture and violence against women are commonplace. Women from different communities decided to come together on a bridge which borders their two countries, in the heart of the conflict; to stand up for peace and an end to violence against women. (Women for Women, 2013)

In keeping with the tradition of meeting on a bridge, the NEWHA organized our event to occur on a bridge overpass in the city centre. Over 60 women participated in the event, and there was positive reaction from commuters and we received coverage through our local press. We deemed the event a success, due to the number of participants, amount of press coverage and the connection to 500 other events that occurred globally and will participate again next year.

Though only a small event, involvement with the NEWHA and the Join Me on the Bridge connected me to a larger social movement and allowed me to successfully follow the recommendations from Baines (2011) and Medes (2007) in aligning with a social movement in order to assist in fulfilling the social justice mandate.

These two actions were subjective in nature and recognized the process and procedures' components of my operational definition of social justice. To address the additional components of atmosphere and environment that were also part of my operational definition of social justice, I included advocacy within my own organization for extended involvement with community engagement and action within my advanced practicum work plan.

### **Organizational Advocacy**

CCCN's historical engagement with social justice is limited. Of a compliment of 31 employees, eight of us are registered social workers, two are upper level managers, and six are front line clinicians. The remainder of employees hold a college level diploma or an undergraduate or graduate degree in social sciences, with the most frequent degree being in the discipline of psychology. Social work ideologies underpin the culture of the organization, but given the relatively small number of employees with formal education within the discipline of social work, the expanded social justice mandate is often not well understood. The atmosphere and environment of the organization would be nearer to that of neutral professionalism rather than a politically saturated one.

CCCN's lack of engagement with social justice has been a topic of discussion among social workers. We acknowledged our inaction and attributed the lack of social action to the clinical case load and in-office, closed door, one-to-one service delivery model. However, our discussions did not result in organizational change. My objective within my advanced practicum



was to promote an expanded culture of social justice within CCCN. I used a number of "overt structural social work activities" (Mullaly, 2007, p. 323) to attempt to further promote a culture that was reflective of a social justice mandate. For example I disseminated the Code of Ethics for Progressive Social Workers (Appendix A) to all social workers within the agency. In addition during both team and peer supervision I capitalized on opportunities to "raise questions about traditional assumptions and conventional approaches" (Mullaly, 2007, p. 323). Further, I promoted my involvement with the NEWHA and discussed the Meet Me on the Bridge event and strongly promoted involvement by our agency in the event.

I believe my actions towards encouraging an atmosphere of engagement with social justice have been successful. I am conscious that this success may merely be my increased awareness of social justice when it occurs, due to the significant amount of time I am spending in reflection regarding the issue, rather than an increase in an atmosphere of social justice within CCCN. However, I provide the following as an example of an increase in the atmosphere of social justice within CCCN. During a recent clinical team meeting the team provided review and consultation regarding four complex cases. Each consultation involved client's interactions with complex and oppressive systems including the justice, police and child welfare systems. The team actively engaged in the structural social work practice element of redefining each presentation. Mullaly (2007) identifies redefining "as a consciousness-raising activity in which personal troubles are redefined in political terms, exposing the relationship between objective material conditions and subjective personal experiences" (p. 314). Each case was redefined in political terms with the entire team engaging in an in-depth fervent discussion regarding the injustices experienced by so many of the clients we support at CCCN. I had never experienced such a politically saturated team meeting before. Furthering my engagement with the social

justice mandate through involvement with a social action organization and event as well as through acting as an ambassador for social justice through the application of structural social work practice elements within my own organization have proven to be fulfilling for me.

### Conclusion

This chapter focused on engagement with the ideology and acts of social justice as a component of expanded engagement with a structural social work paradigm and praxis model specific to the organizational and community context of practice. Three tools to facilitate engagement with social justice were identified: (1) engagement with a social action organization, (2) involvement with a social action event, and (3) application of structural social work practice elements within my own organization (see Figure 2 below). Each tool built upon the other and acted in a reciprocal manner that improved my understanding of social justice.

Figure 2.

*Social Justice Engagement Tools*



Each tool presented unique challenges with engagement that may impede their use by social workers who are attempting to become dialectical social workers. However as Lundy

(2011) indicated “this is the time for social work to renew its vision and visibility and to become active proponents of social justice” (p. 291). Becoming active proponents of social justice requires social workers overcoming the challenges associated with neutral professionalism, workload limitations and strain, ambivalent schools of social work curricula, and curtailed codes of ethics.

As much as these subjective challenges were contributing factors in my limited engagement with social justice, I also needed to address my personal ambivalence, complacency and the erosion of the social justice mandate within my own practice. Solidifying my praxis in social justice was identified as a key component for this advanced practicum, due to my involvement with inter-organizational working groups and the potential risk for ideological drift given the composition of the working groups. It is this topic that I turn attention to in the next chapter.

### **Chapter Three. Structural Social Work in Inter-organizational Community Collaboration**

Solidifying my praxis in structural social work through engagement with reflective and social justice practices were identified as two of three goals within my advanced practicum work plan. Though I experienced challenges reaching the objectives, each of the two goals were achieved. These two goals addressed the personal, organizational, and community context of practice. The third and final goal of my advanced practicum focused on the professional context of practice and worked to improve my understanding of the role of structural social work within inter-organizational community collaborations. To reach this last goal, two objectives were considered: (1) to create a digital brochure for social workers that would provide information and direction on engaging in structural social work with inter-organizational groups, and (2) to present the brochure at a bi-annual gathering of social workers in North Bay for their feedback. This chapter will review the role of social workers within inter-organizational collaborations with specific attention to the role of structural social work and will include: (1) a review of the components of successful collaborations; (2) a discussion of the challenges to engagement in community collaborations; (3) a review the benefits to organizations for involvement with collaboratives; and (4) a consideration of my experience with the two objectives.

#### **Structural Social Work and Collaboratives**

Within the dialectical role as structural social workers, where we perform the dual functions of working with individuals or groups within a system, while purporting the necessity for restructuring the system (Mullaly, 2007), we are afforded a unique opportunity when working within inter-organizational community collaborations to press for an expanded and multifaceted understanding of social issues and their impact on individual, familial and community functioning. However, this dialectical position presents both challenges and opportunities for structural social workers.

Social workers are well positioned to engage effectively within inter-organizational community collaborations (Bronstein, Mizrahi, Korazin-Körösy & McPhee, 2010). This is partially due to the fundamental recognition of the strength of collectivism (Lundy, 2011; Moreau, 1979; Mullaly, 2007), as "most social workers who are working with communities would concur that structural inequities are best addressed at a collective rather than an individual level" (Lundy, 2011, p. 262). Furthermore, a structural social worker functioning as a member of a concerted community process brings a theoretical position grounded in social justice that would reflect, "inclusiveness, openness, collaboration, ethical behavior, and responsible action" (Bettez & Hutten, 2012, p.52). By developing and maintaining this structural social work theoretical position, I could position myself as a structural social worker within the working group process.

The Northeastern Ontario Postpartum Mood Disorder Project called for the creation of six inter-organizational working groups throughout Northeastern Ontario to address perinatal mental health within our districts. I became more aware of the challenges and opportunities this project had for impacting women who mother. While I was keenly aware that these working groups afforded an exceptional opportunity to address the complexity of perinatal mental health, there was also an inherent risk that the sometimes difficult transition to motherhood could be pathologized and the structural influences impacting women who mother could be disregarded. In addition, my work toward engagement in structural social work could have been subject to ideological drift through my involvement with the working groups, as numerous members of the group were positioned within a medical theoretical paradigm. Therefore, I needed to develop an in-depth consciousness to act as a structural social worker within inter-organizational community collaborations in order to strengthen my ideological position as well as be able to position the

issue of perinatal mental health within the context of a structural model rather than a solely medicalized model.

### **Community Development**

In keeping with the composition of chapters one and two, I will first clarify the terminology surrounding inter-organizational community collaborations. During the creation of my advanced practicum work plan I initially struggled with the terminology surrounding the term 'working groups' and how to recognize the collective nature of the process. My first attempts at labelling the groups lead to me referring to the working groups as multi-disciplinary teams. This designation was not accurate: it was reflective of multi-disciplinary actors working under a singular organizational entity, rather than the multi-organizational composition of the working groups.

Reviews of the literature lead me to the term "inter-organizational community collaboration". This terminology provided greater accuracy regarding the nature of the working groups and the working group process. Social worker researchers, Perrault, McClelland, Austin and Sieppert (2011) define inter-organizational community collaborations as "a collection of government and non-profit service providers coming together to integrate services, build community capacity, or address collective problems through research, service delivery, or policy development" (p. 238). Further, social work researchers Bayne-Smith, Mizrahi and Garcia (2008) define inter-disciplinary community collaboration as "bringing diverse professions, groups, and organizations together to improve community conditions and the lives of marginalized and vulnerable populations" (p. 252). The combination of these two definitions formulated my understanding of inter-organizational community collaborations, with the former definition providing an understanding of the process, and the latter definition providing an

enriched understanding of the required awareness of community and the structural components of change.

Awareness of community organizing was remiss within both my understanding of, and skill set with, structural social work praxis. Fisher and Corciullo (2011) indicated that community organizing has been part of social work practice since the late nineteenth century. However, Lynch and Forde (2006) found that "community work by the social work profession appears to be tinged with ambivalence" (p. 852). For me, this ambivalence was reflective of my limited understanding of the social justice role within structural social work, as reviewed in chapter two, as well as my lack of experience with community organizing. Indeed, I did not originally see the role of the working groups as community organizing until I spent time in reflection, supervision and counselling on the process and the nature of the work being facilitated.

Once I had clarified the nature of the work, I recognized the inter-organizational community collaboration model employed within the project had significant potential, as "multiple types of expertise are usually required to create community change that will improve the quality of life" (Bayne-Smith, Mizrahi, & Garcia, 2008, p.250). The working groups were comprised of multiple individuals with diverse expertise, including those who supported evidence based practice, those who supported practice based evidence, as well as those who brought forward the expertise gained through lived experience. The potential for community change that these working groups could facilitate was truly exciting. When I re-defined this project and my role in it as community organizing, I recognized the potential "to promote economic and social justice, human rights, and equality" that this project held through community collaboration (Grodofsky & Bukan-Mazor, 2012, p. 181).

### **Success Components of Collaboration**

Given social work's mandate for social justice, human rights and equality, some have argued that "social workers are naturally suited to facilitating collaboration" (Perrault et al., 2011, p. 294) within inter-organizational community work. However, Perrault et al. (2011), posited that although we may be naturally suited to participation and leadership within community collaborations, social workers often function with a knowledge and skill deficit with regard to the necessary components required to make collaborative processes successful. Though I began to recognize the potential this project had for the facilitation of change for women who struggle in the transition to motherhood, I too was unsure of the elements required to make this a successful collaboration. However, Jones, Crook and Webb (2008) reported that

members of collaboratives should be aware that empirical results regarding the effectiveness of collaborative efforts are inconclusive at best, and the methodology used to study their effectiveness are fraught with obstacles that weaken social scientists' ability to make clear inferences. (p. 55)

Contrary to Jones et al.'s (2008) position, the literature does provide recommendations for both the leadership components required for successful collaboratives, as well as components of successful collaborative processes (Bayne-Smith et al., 2008; Bettez & Hutten, 2012; Bronstein, 2003; Garcia, Mizrahi, & Bayne-Smith, 2010; Lathlean & Le May, 2002; Perrault et al., 2011).

For instance, Bayne-Smith et al. (2008) identify the following three components for successful leadership of inter-disciplinary community collaborations: (1) familiarity with strategic planning, and administrative and managerial knowledge; (2) relational skills related to group processes and facilitation; and (3) humanistic attributes and values. As I considered the three components, I recognized that I was well positioned within components two and three.



Through my clinical practice and experience with educational and therapeutic group facilitation, I was able to develop a "process skill set" (Bayne-Smith et al., 2008, p. 261) that had transferability to the community collaboration process. In addition, my personal humanistic beliefs were supplemented and bolstered by a renewed belief and understanding of social justice, which fulfilled the third component. However, my knowledge of strategic planning as identified in component one, was very limited.

My limited skill set related to administrative knowledge and competencies, which "include building the infrastructure, establishing and enforcing decision-making processes, developing a flow of information, implementing communication linkages and other mechanisms for outreach feedback, and the all-important tasks of managing meetings" (Bayne-Smith et al., 2008, p.260) created a significant learning curve during my experience with the project. My limited competency with this particular component has been highlighted in the social work education literature as an identified deficit within the community collaboration leadership pedagogy (Bronstein, et al.; 2010; Garcia et al., 2010; Weil, 1996). However, through research, support and supervision I was able to increase my competency with this identified component of inter-organizational community collaboration.

A review of the literature provides the following suggestions for creating opportunities for successful inter-organizational collaborations including: (1) creating opportunities for both formal and informal communication; (2) developing common language and avoidance of professional vocabulary; (3) discussing professional roles and identifying models of practice; (4) developing clear roles and responsibilities; (5) openly discussing status and power differentials; (6) openly debating; (7) ensuring collective goal creation and collective credit sharing; (8) reflecting on collaboration; (9) openly discussing commitment and commitments; and (10)

sharing leadership (Bettez & Hutten, 2013; Bronstein, 2003; EICP, 2005; Frost, Robinson, & Anning, 2005; Lathlean & Lemay, 2002; Mattessich, Murray-Close, & Monsey, 2001; Moran et al., 2006; Perraul et al., 2011).

As I consider the 10 opportunities for success identified within the literature in relation to the working group processes within the perinatal mental health project, I believe we were successful in capitalizing on some of the opportunities. For example, early on in the working group process, we spent time reviewing the discourse of perinatal mental health and how the language of the issue impacted service delivery and access. This in-depth discussion and the creation of common language allowed us to proceed through the project with greater clarity and understanding. On the surface this deconstruction of the language appears fairly minor; however, it allowed the working groups to spend time reviewing and contemplating additional elements within the success components. Through this discussion, theoretical orientations were identified through classification of the terminology. Was the sometimes difficult transition to motherhood framed as a "mental illness", was it framed as an outcome to the socially-constructed idealized motherhood discourse, or was it framed as an outcome of a marginalized position in relation to the social determinants of health? These discussions allowed the group to orient itself and create a common language that was reflective of the goals and objectives of the project.

However, as I consider the success of element 10, sharing leadership, I recognize that the nature of this success element presented a challenge in application for the working groups. CCCN entered into the project with identified deliverables to the funder, and as such we had predetermined goals and objectives to meet the deliverables. In addition, we entered into the working groups process with an approved work plan. Though many in the working groups provided prior support of the application to the funder, CCCN, as the host organization,

negotiated with the funder and created the project outline. The analogy I provided to the working groups at the outset of the process, as we were creating the working groups, was that I felt like I was inviting myself to dinner at someone else's home, was bringing others to dinner with me, and I was telling them what was on the menu. The use of the analogy and subsequent discussion allowed for an opportunity to discuss the challenges and limitations with this type of funding model and the disproportionate control the host organization had over the process. This recognition allowed the leadership of the project to be shared as much as was possible within the constraints of the deliverables to the funder. This example of a challenge within inter-organizational community collaboration is one of many others that groups may face when attempting to work together to address challenges within our communities.

### **Challenges to Collaboration**

Though there is recognition of the importance of community collaboration work, the work can be extremely difficult (Bettez & Hytten, 2013; Garcia et al., 2010; Perrault, et al., 2011; Tseng, Liu, & Want, 2011). The literature highlights numerous challenges and risks to inter-organizational community collaboration for social workers. Some of these identified risks and challenges include: (1) variances in models of professional practice; (2) erosion of professional social work identity; and (3) resource limitations and tensions (Frost et al., 2005; Guiles, Gould, Hart, & Swancott, 2007; Moran et al., 2005; Perrault et al., 2011).

Through asking the four following questions, social workers may be able to identify the level of risk within inter-organizational community collaborations and prepare to address the risk. Are explanatory models present with the community collaboration based on a medical model, which positions issues of health and wellness within individuals, or a social model, which positions issues within a broader social context (Frost, et al., 2005)? Are there inherent risks for

attrition of social work professional identity and epistemological understanding (Frost et al., 2005; Moran et al., 2005)? Are there sufficient resource allocations for all collaborators to allow for adequate involvement (Guiles et al., 2007; Perrault et al., 2011)? Are there sufficient resource allocations to allow for "territorial tensions" to be diminished (Guiles et al., 2007; Perrault et al., 2011)? As I considered these four questions I recognized that there were some risks present within the working group collaborations. The groups were comprised of members, the majority of whom were functioning from a medical explanatory model. The potential risk within this orientation was the possibility that the external, systemic issues surrounding perinatal mental health could be disregarded and the issues surrounding perinatal mental health may have been situated solely within the individual. In order to address this concern, I engaged with multiple levels of reflection as discussed in chapter one, including journaling, supervision and counselling, to ensure that I would be able to provide a consistent articulate voice for a social model. Through engaging in reflection I was able to develop tools to address this potential risk and not have the social model be "overtaken" by the individualized model.

Engagement with reflective practices also assisted in mitigating identified risk number two. There was the possibility for attrition of my social work identity. The six working groups were comprised of over 40 persons, but only three were social workers. The majority held nursing or other allied health professional positions. Solidifying my position and my epistemological understanding within a social work identity was important to me. I am confident that my use of feminist structural supervision was a key component in mitigating this risk factor. Active engagement in supervision often reoriented me and reaffirmed the structural social work identity I was working to foster.

As I consider the third and fourth questions related to resources, I believe the risks were mitigated by the role CCCN was able to play regarding project leadership. As there are so few resources allocated to perinatal mental health in Northern Ontario, all of the actors involved with the working groups were dedicating time to a project that held no position within their own portfolios. However, all were dedicated to the project and negotiated time within their host organization to participate. To facilitate involvement in the working group process and the project, CCCN assumed all of the responsibility related administration of the groups, including chairing, minute taking, data collection, etc. If the process did not have this embedded administrative support there would not have been sufficient resources to permit adequate involvement for all involved, and would have created tensions within the process.

Bronstein (2003) identifies four additional external influences to inter-organizational collaboration that impact successful collaboration and for which social workers may have little if any control: (1) hierarchal status and the socialization of professional roles as a key influence on collaboration. Though application of the success components, such as openly discussing power differentials and status, may alleviate some of the tensions present within this external influence, it may not remove historical barriers present within collaborative dynamics; (2) past positive experiences of individuals with collaboration can lead to greater success with current collaborations, something which the current collaborative has no influence over; (3) characteristics such as respect and trust are highly influential in collaborative processes. These latter two factors may be fostered and encouraged through the use of the success components, however, engendering a culture of respect and trust may come up against a past inclusive of distrust and disrespect with other disciplines; and (4) administrative understanding and support for collaborations have a significant influence on success.

As I consider the four external influences on collaboration highlighted by Bronstein (2003) and the impact that these potential influences had on the working group process within the perinatal mental health project, I would identify that each of the influences impacted the functioning of the group to varying degrees. As the working groups were made up, for the most part, of front-line allied health professionals, we were not as challenged by the inherent hierarchal conditions which may have been experienced if the working groups had been comprised of a mix of front-line, managerial and/or physicians and psychiatrist members. Members expressed either no experience with others in the working groups, or past positive experience with one another, therefore, the external issue of a history of trust and respect did not have a significant impact. In addition, the members reported support for involvement with the collaboratives from their administration due the identified need for services within the communities for perinatal mental health services. Furthermore, as CCCN was able to take on the administrative leadership tasks, the time commitment for the members was highly structured and limited.

One of the most influential external challenges was the issue of past experiences with collaboratives. Though the issue of personal negative experiences with collaboratives was not presented as a concern within the working groups, some of the working groups expressed entering into the collaborative process with feelings of hopelessness and fatigue regarding the potential for the project. Many communities had tried unsuccessfully to initiate collaboratives, networks, alliances, and committees to address the lack of perinatal mental health services in their district. These initiatives for the most part were unsuccessful in creating change within their communities. Some of the working groups reported, that over time, their committees disintegrated due to lack of progress, staff changeover, and attrition of members. These

experiences led to members of the working group reporting initial feelings of ambivalence and trepidation regarding the potential for the collaborative. The presence of this external influence was addressed in two primary ways. First, the working groups that expressed feelings of fatigue and ambivalence spent time in reflection regarding their experiences. This process allowed for the working groups to acknowledge the systemic issues present during the previous collaborative process and externalize the barriers that impeded success in the past. Further, the working groups each worked from, and influenced the development of, a concrete work plan which detailed obtainable goals and objectives for the one year project. The members reported that the short timeline and obtainable goals allowed for a decrease in feelings of ambivalence and an increase in feelings of hopefulness.

Awareness of the internal and external challenges to community collaboration processes can prepare social workers to be able to address the challenges (Bayne-Smith et al., 2008; Bettez & Hytten, 2013; Bronstein, 2003; Fisher & Corciullo, 2011; Perrault et al., 2011). Social workers may need to be prepared to address the personal challenges within collaborative processes through the active use of reflective practices. In addition, though social workers may have less control over the external influences impacting collaborative process, through awareness, acknowledgment, and use of the success components the collaborative may be able to navigate more successfully through the challenges presented. However, in order for social workers to engage in collaborative processes they first may need to advocate for involvement with the process within their organization. In order to bolster the administrative understanding of the role of community collaboratives, social workers may need to advocate the benefits to their organizations for involvement with inter-organizational collaborations.

## **Benefits to the Organization**

The benefits to organizations involved in inter-organizational collaboration are broad (Lethlean & Lemay, 2002; Nowell & Foster-Fishman, 2010; Nsonwu, Gruber, & Charest, 2010; Snyder, Wegner, & de Sousa Briggs, 2004; Wegner, 1998). The literature identifies one of the primary benefits for organizations as the knowledge sharing that occurs during the collaborative process. Lathlean and Le May (2002) identify that this learning process occurs through the acquisition of another's knowledge base, while simultaneously working together towards the acquisition of new knowledge to address the task at hand. Further, community collaborations can operate as "social learning systems" where practitioners connect to solve problems, share ideas, set standards, build tools, and develop relationships with peers and stakeholders" (Snyder, Wenger, & de Sousa Biggs, 2004, p. 2). Wenger (1998) identified that these social learning systems can function in four ways for organizations. He posits that the social learning systems work to: (1) interpret and exchange knowledge; (2) hold knowledge in "living" ways; (3) foster capabilities; and (4) "provide homes for identities" (p. 6).

Wenger's (1998) identified functions of social learning systems present within collaborative models resonate with me and are highly indicative of the knowledge sharing which occurred within the working group process during the project. As a collaborative we were able to share a vast amount of knowledge from a variety of theoretical positions and hold that in living ways. For example, members of the working group reported being highly affected by the work of the collaborative and then transformed the knowledge gained into practice and policy changes as a result of the fact that perinatal mental health became more personal for them. Members reported increased functional capacity regarding perinatal mental health, including increased awareness of screening tools, risk factors, treatment options, and client resources. Furthermore,



members reported that involvement in the project and the working groups created an identity that resulted in expanded understanding and expertise surrounding the complex issue of perinatal mental health for them within their host organizations.

In addition to knowledge acquisition, Nowell and Foster-Fishman (2010) identify three additional ways in which involvement with inter-organizational community collaborations augment the capabilities of the agencies within the collaborative: (1) through involvement with collaboratives, organizations have an increased opportunity to create "social capital". Social capital was described by Nowell and Foster-Fishman as having two interconnected impacts on organizations. Involvement in the collaborative acted to "enhance their organization's reputation" as well as "other organizations being more accessible to them and responsive to their organization's needs or concerns" (Nowell & Foster-Fishman, 2010, p. 198); (2) organizations involved in the collaborative become open to enhanced organizational opportunities. These opportunities may range from increased access to resources through new funding or sharing of resources, to enhancement of functional abilities and improvements in order to serve clients through problem resolution and partnerships; and (3) organizations through their involvement with the collaborative are provided an opportunity to influence decision making processes that may affect both the organization and the clients they serve.

Members of the working groups reported augmentation of their organization's capabilities regarding perinatal mental health, due to involvement with the collaboratives as identified by Nowell and Foster-Fishman (2010). For example, members of the working groups reported an increase in social capital. This was reported to have occurred on two levels. First, some members of the working groups had not been aware of other member's services or resources. Involvement in the project raised awareness of their organization to other members of

the collaborative, increasing opportunities for inter-agency referrals. Members of the working group also reported that through the networking opportunities presented during the collaboration process they were able to increase their agencies reputation in the community. For example a peer mental health service provider in one community became a leader for perinatal mental health, providing space and guidance to the collaborative for a community awareness project.

Through enhanced awareness of the benefits to organizations, structural social workers may be better positioned to advocate for the creation of, or involvement with, community collaboratives within their own organizations. This advocacy for collaborative processes is in keeping with a structural social work perspective and attends to the dialectical nature of the perspective. Since developing my own understanding of the role of structural social workers within community collaboratives, I was able to work effectively within the process, which was the final goal of my advanced practicum. I reached this goal through two objectives which I will now review.

### **Engagement with the Objectives**

The third and final goal of my advanced practicum work plan was to improve my understanding of the role of structural social work within inter-organizational community collaborations. Two objectives were considered in order to achieve this goal: (1) to create a digital brochure for social workers that would provide information and direction on engaging in social work with inter-organizational groups; and (2) to present the brochure at a bi-annual gathering of social workers in North Bay for their feedback. The formulation of these two objectives was different from the previous six objectives. This formulation allowed me to position myself from a place of information gathering and dissemination on this specific topic. This provided me an opportunity to review the vast amount of literature on collaboratives and

present it in a simplified, usable format for my peers. As I consider this formulation, it allowed me to extract the salient information from the literature for my own use while creating a tool for my social work colleagues, therefore allowing me to achieve my goal of improving my understanding of the social work role within collaboratives.

The desire to create a tool for my colleagues emerged from discussions with social workers within my community who were facing challenges within inter-disciplinary and inter-organizational work. Though I was not able to provide a resource specifically for social workers who were struggling with inter-disciplinary collaborative challenges related to engagement under a single organizational entity, such as multi-disciplinary mental health teams or paediatric teams (as that was not the focus of my advanced practicum), I am hopeful that there is some transferability of the information within the brochure that was developed.

The brochure was intended primarily for those social workers who were engaging with inter-organizational community collaboratives. The brochure includes information on the success elements and challenges to collaboration that have been reviewed in this paper. In addition, the brochure provides a list of resources for social workers to access if they wish to obtain more information on the topic (see Appendix B for the complete brochure). Though the topic of inter-organizational community collaborations is complex, the brochure may allow for social workers to have a reference point to work from. I believe the brochure plays another role; to show how, even though it may be very complex, the work is worth it. Through providing some suggestions and recommendations it may allow social workers to challenge the ambivalence surrounding community collaboration and encourage further engagement with the process.

To date, I have not had the opportunity to share the brochure with the social work community in North Bay. The scheduled spring social work meeting was cancelled and has yet

to be rescheduled. Once the event has been rescheduled, I will have the opportunity to share the resource with my colleagues. I am interested in providing a greater understanding of collaborations for my colleagues and also to obtain their impression of the brochure.

### **Conclusion**

This chapter focused on social workers with respect to inter-organizational community collaborations and the challenges and benefits from a social work perspective specific to the professional context of practice to engagement with collaboratives. Developing a greater understanding of the structural social work role within collaboratives was selected as a goal within my advanced practicum work plan due to my identified concern over the potential professional ideological drift and the risk that the perinatal project working group process and outcomes could pathologize the sometimes difficult transition to motherhood. Bettez and Hutten (2013) indicate, "exposure to a kaleidoscope of viewpoints encourages us to engage the world around us in ways we might not otherwise" (p. 50). Inter-organizational community collaborations and the exposure to viewpoints, ideas, energy, and hopefulness can provide structural social workers an opportunity to engage with dialectical praxis.

Though the risks I identified were present, I was able to successfully mitigate these professional risks through the use of reflection, supervision, counselling and research. The challenges I experienced with inter-organizational collaboration were negligible and negotiable, possibly due the concrete emphasis I had placed on understanding the collaborative process. In addition the challenges the working group faced were nominal. I believe this may be due to three primary factors: (1) the collaborative process involved members who had self-selected to join the working group and were primarily front-line clinicians. This allowed for hierarchal tensions to be diminished; (2) though somewhat ambivalent about the project during initial phases of the

project, all members of the working group were committed to addressing the gaps in services for perinatal mental health. This commitment emerged from experiencing the gaps in services from a clinical perspective, and for many, it also emerged from lived experience. Numerous members of the working group identified as having experiencing perinatal mental health concerns; and (3) the project was time limited and goal oriented and was provided with the administrative support necessary to minimize resource related tensions.

Engagement with inter-organizational community collaborations is not without its challenges. However, in order to work within community we need to hold "the abilities to effectively dialogue across differences, to look outward to build connections and networks, and to be patient and hopeful while trusting that engagement, rather than isolation, or self-centeredness, indeed changes the world around us" (Bettez & Hytten, 2013). Therefore, if the role of structural social work is to change the world around us, engagement with collaboratives is not only the ideal, it is necessary.

## Conclusion

Carniol (1992) indicates that although "structural social workers face an uphill struggle" (p. 15), the effort exerted in moving toward the direction of the dialectical position is highly valuable and furthermore that "structural social workers are seen as capable of interweaving a double focus on both personal and political change" (p. 16). My experience with a crisis of confidence regarding my role as a social worker acted to return me to the double focus; the dialectical position of structural social work. My crisis of confidence directed me toward a path of engagement with structural social work, and demonstrated that I was indeed capable of interweaving the personal and political. However, the road was not as steep as I had envisioned.

The focus of my advanced practicum with the perinatal mental health project was to address my lack of dialectical engagement as a social worker through engagement with a structural social work praxis paradigm. The question that lead to my crisis of confidence and directed me in the formulation of the goals and objectives for the advanced practicum was: How do I engage in structural social work within the personal context of practice, organizational/community context of practice, and the professional context of practice, so that I can become an effective participant in true and effective change for women who mother? My intervention plan involved three primary goals: (a) to improve my reflexive practice; (b) to improve my understanding of structural social work, specific to social justice; and (c) to improve my understanding of the role of structural social workers within inter-organizational community collaborations. Each of the three goals was used to direct the thesis document and formulated the chapter segments. This allowed me to unpack, through the writing of the thesis, the opportunities I had created for engagement with structural social work and review the strengths and challenges with the goals and objectives.

Chapter one reviewed the first goal of the advanced practicum, improving my understanding of reflexive practice. Through engagement with this goal, through the practicum experience and subsequent review in the thesis document, I developed an expanded understanding of a multitude of reflective practices and modes of application. My practicum experience allowed me to experiment with journal writing, supervision, and personal counselling as means to engage with the practices of reflection. Reflective practices have been identified as a core component of social work practice (D'Cruz et al., 2007; Fook & Askeland, 2007; Lam et al., 2007). Though each method presented challenges in facilitation, primarily due to time constraints, I was able to successfully navigate the use of all three forms and would identify reflection as a key component of engagement with structural social work praxis, in keeping with the recommendations from Mullaly (2007). I will continue to utilize all three forms of reflective practices and modes of facilitation in order to assist in my continued quest toward structural social work praxis.

Chapter two addressed the second goal and attended to engagement with social justice. Through an expanded dialectical definition of the term, that included the ideology and value of social justice, as well as the acts of social justice in a singular operational definition, I was able to move toward a politically saturated form of professional structural social work practice. The initial breakdown in my engagement with structural social work was not solely related to objective factors such as workload demands and strain, neutral professionalism, or insipid direction from social work codes of ethics; though they did play a role. I believe that during my 10 years of social work practice I experienced erosion, complacency and ambivalence regarding the principle of social justice and that these subjective factors played a prominent role in my failures to enact the social justice mandate. My experience with the objective and subjective

barriers to enact the social justice mandate was not unique. The literature identifies that social workers are struggling to practice the values of social justice (Lundy, 2011; Mullaly, 2011; O'Brien, 2010; Peters, 2012; Solas, 2008; Takahashi, 2007; Wiener & Rosenwald, 2008). My engagement with the objectives of involvement with a social justice organization and event ignited the need to uphold the social justice mandate. I recognize that this type of broad community involvement will be an important component of maintaining my drive toward structural social work praxis.

The final goal, reviewed in chapter three, was to improve my understanding of the role of structural social workers within inter-organizational community collaborations. My advanced practicum experience involved participation and facilitation of six working groups throughout Northeastern Ontario as part of the perinatal mental health project. These groups were comprised of members from a variety of disciplines, functioning from a variety of theoretical paradigms. I entered into the working group process with some concern that involvement with the groups presented a risk to my emerging and fragile structural social work identity. Through the use of reflection, supervision, counselling, and researching the literature on collaborative processes, I was able to successfully mitigate the identified risk.

I believe one of the strongest mitigating factors was in re-orienting the working group process and framing it as a community development process. Once I framed the work as community development it began to fit more comfortably within my understanding of the social work scope of practice and more specifically the scope of structural social work praxis. Community practice is a key component of social work practice (Fisher & Corciullo, 2011; Lundy, 2011; Lynch & Forde, 2006; Mullaly, 2007). Further, Lundy (2011) indicates that community practice is "essential to achieving social justice and social change" (p. 260). My

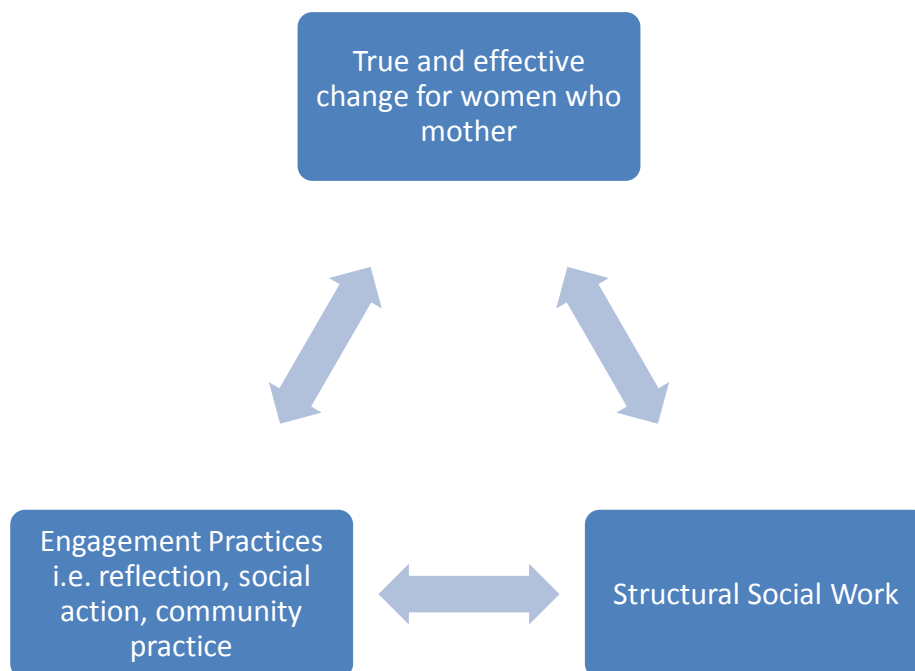


expanded understanding of the collaborative process and positive experience with the process has fostered an increased sense of capacity, competency, and belief in the community collaborative process. Therefore, I believe that engagement with community collaborative processes will become an ongoing component of my structural social work praxis.

Through the advanced practicum experience and through the research and writing of this thesis document, I believe I was able to achieve the goals and objectives set out at the beginning of experience. However, I do not believe I have fully reached the destination of structural social work praxis, nor have I fully answered the question of how to become a true and effective participant in change for women who mother. That intention will remain ongoing. Through the use of reflective practices, active engagement with social justice and participation with community practices I hope that the intention of structural social work praxis remains true (see Figure 3 below).

Figure 3.

*Structural Social Work Praxis*



The advanced practicum experience for me has had, and will continue to have, significant implications for my practice. However, there are significant limitations regarding the transferability of my experiences to others within the social work field. My experience was unique in that I believe I experienced limited structural barriers to my implementation of the engagement practices. I initiated this experience while being involved with an organization that continues to attempt to identify itself as a feminist-based community organization. Therefore, I may have experienced fewer issues and dilemmas than those who may be located within a more constrained environment. However, the degree of flexibility I experienced was not known to me until I engaged with the goals and objectives and attempted to move toward structural social work praxis. Carniol (1992) suggests that structural social work be seen "not as dogma, but as a working hypothesis, to be continuously submitted to the test of practice" (p. 1992). Submitting the engagement practices of structural social work, whatever those may be, as identified by the individual practitioner, to the test of practice is my recommendation.

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## Appendix A

## CODE OF ETHICS FOR PROGRESSIVE SOCIAL WORKERS

1. We regard as our primary obligation to be the welfare of all humankind, across the globe, not just those in our immediate vicinity.
2. We understand the contradictions inherent in delivering social work services in a capitalist society. We know that the state can be both oppressive and supportive
3. We never claim to be 'apolitical' or 'neutral' and we define social justice in political, material and global terms, not just psychological terms.
4. We respect the need for resources and decision-making processes to be fairly shared, and we realize that this will be hard to achieve given the current political order.
5. We recognize the importance of language and try to show sensitivity through the words that we use. However, we realize that we might 'get it wrong'.
6. We value processes as much as 'products' or 'outcomes', and we are – at the very least – skeptical of using violence to deal with conflict.
7. We define power in possesses , and relational ways. This means that while we are wary of calling anyone 'powerless', we are also aware of the way dominant groups can exercise power over people who are oppressed on the basis of race, gender, class, ability, age, sexual orientation and geographical location.
8. Because we strive to live a society where people are able to exercise their human rights, we try and democratize our professional relationship as well as our personal ones.
9. We do not see financial profit as the primary motive in life. Thus, we do not uphold the tenets of global capitalism nor do we value paid work over that which is unpaid.
10. While we appreciate the importance of group bonds, we are wary of the way nationalism can be used to deride and exclude others. In so doing, we seek to work with people from diverse backgrounds in equitable-and culturally sensitive – ways.
11. We value education for the ways it can be used to develop critical consciousness.
12. We respect the need for oppressed groups to sometimes 'go it alone'. Yet, we do not presume this will always be their preference. Instead, we are open to providing support/resources to oppressed groups in a manner that they suggest will be useful.
13. While developing knowledge that will be useful to social transformation, we speak up whenever we can about acts of unfairness that we see, using all sorts of media to broadcast our observations and ideas.
14. We recognize the potentially conservative nature of all methods of social work and strive to radicalize all forms of social that we undertake. As we do this, we avoid individual acts of heroism or martyrdom, preferring instead to work in collaboration.
15. We do not see ourselves sitting outside, or as liberators of the 'needy' or the 'downtrodden'. Rather, we try to use the benefits derived from our professional status to work against the exploitation of individuals or groups.
16. We try to do all this in everyday, reflexive ways, without posturing as self-appointed experts.
17. Given the obstacles that confront us, we realize that fatalism, cynicism and despair may set in. To prevent this we try and keep a sense of humour, have fun with others and incorporate self-care activities in our lives.

Mullaly, 2007, p. 54 (Fraser and Briskman 2004)

## Appendix B

## Social Work and Inter-organizational Collaboration

Inter-organizational  
Community Collaboration

"A collection of government and nonprofit service providers coming together to integrate service, build community capacity, or address collective problems through research, service delivery, or policy development" (Perrault, McClelland, Austin and Sieppert, 2011, p. 238)



Within our dialectical role as social workers, in that we perform the dual functions of working with individuals or groups within a system, while purporting the necessity for restructuring of the system (Mullaly, 2007), we are afforded an opportunity when working within inter-organizational collaborations to press for a person in environment paradigm.

However, this dialectical position presents both challenges and opportunities for social workers.

Challenges to Inter-organizational  
Community CollaborationVariances in models of professional  
Practice

Are explanatory models based on a medical model (which positions issues of health and wellness within individuals) or a social model (which positions issues within a broader social context)? (Frost, Robinson, & Auning, 2004)

## Erosion of Professional Identity

Are there inherent risks for attrition of social work professional identity and epistemological understanding? (Frost et al., 2004; Moran, Jacobs, Bunn, & Bifulco, 2005)

## Resource Limitations and Tensions

Are there sufficient resource allocations from all collaborators to allow for adequate involvement? Are there sufficient resource allocations to allow for territorial tensions to be diminished? (Perrault et al., 2011; Gilles, Gould, Hart, & Swancott, 2007)

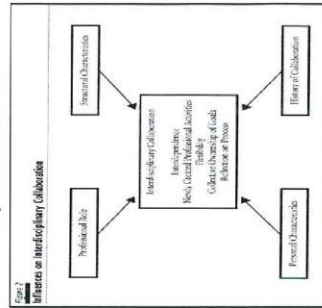
10 Opportunities for Successful  
Inter-Organizational Collaboration

1. Create opportunities for both formal and informal communication
2. Develop common language and avoid professionalized vocabulary
3. Discuss professional roles and identify models of practice
4. Develop clear roles and responsibilities
5. Openly discuss status and power differentials
6. Openly debate
7. Ensure collective goal creation and collective credit sharing
8. Reflect on collaboration
9. Openly discuss commitment and commitments
10. Share leadership

(Bronstein, 2003; EICP, 2005; Frost et al., 2005; Mattessich, Murray-Close, Monsey, 2001; Moran et al., 2006; Perrault et al., 2011).

Inter-organizational Collaboration  
External Influences

Bronstein (2003) identifies four external influences to inter-organizational collaboration which must also be understood in order for successful collaboration to occur and for which social workers may have less control over.



## Professional Role - Hierarchical status and professional socialization influence collaboration

**Structural Characteristics** - Administrative understanding of and support for collaboration have influence on success.

**Personal Characteristics** - Characteristics such as respect and trust are highly influential in collaborative processes.

**History of Collaboration** - Past positive experiences of individuals with collaboration can lead to greater success with current collaborations.

**Social Workers  
and  
Inter-organizational  
Community  
Collaboration:  
The Challenges and the  
Benefits to Community  
Collaboration from a  
Social Work Perspective**



**Social Work  
and  
Inter-organizational  
Collaboration**

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## Resources

- Canadian Interprofessional Health Collaborative <http://www.cihc.ca/>
- Canadian Nurses Association <http://www.cna-alc.ca/en/the-issues/better-care/interprofessional-collaboration/>
- Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative <http://aicp.ca/en/>
- Federation of Health Regulatory Colleges of Ontario - Interprofessional Collaboration (IPC) of Food <http://ipc.three.org/>
- The College of Family Physicians of Canada - Interdisciplinary Collaboration <http://book.kit.effice.ca/en/interdisciplinary-collaboration/>
- Ontario Association of Social Workers <http://www.oasw.org/>
- Wilder Collaboration Factors Inventory <http://www.wilder.org/Wilder%20Research/Research-Services/Documents/Wilder%20Collaboration%20Factors%20Inventory.pdf>

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